

3. Head office address (Registered address):

Country:																												
Province:																												
District:																												
Sector:																												
Cell:																												
Street name and house number:																												
Phone:																												
E-mail:																												
P.O. Box:																												
Working hours	From:					To:																						

4. Chairman of the board (Optional):

First name:																																						
Middle name:																																						
Family name:																																						
Gender:	<input type="checkbox"/> Female														<input type="checkbox"/> Male																							
ID document:	<input type="checkbox"/> National ID Card														<input type="checkbox"/> Passport																							
ID document Nr.:																																						
Passport country:																																						
Date of birth:	<table border="1" style="width:100%; text-align:center;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>																												D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y																													
Resident address:																																						
Country:																																						
Province:																																						
District:																																						
Sector:																																						
Cell:																																						
Street name and house number:																																						
Phone:																																						
E-mail:																																						
P.O. Box:																																						

5. Managing director:

First name:	
Middle name:	
Family name:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
ID document:	<input type="checkbox"/> National ID Card <input type="checkbox"/> Passport
ID document Nr.:	
Passport country:	
Date of birth:	D D / M M / Y Y Y Y
Resident address:	
Country:	
Province:	
District:	
Sector:	
Cell:	
Street name and house number:	
Phone:	
E-mail:	
P.O. Box:	

6. Company employee / secretary:

First name:	
Middle name:	
Family name:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
ID document:	<input type="checkbox"/> National ID Card <input type="checkbox"/> Passport
ID document Nr.:	
Passport country:	
Date of birth:	D D / M M / Y Y Y Y
Resident address:	
Country:	
Province:	
District:	
Sector:	
Cell:	
Street name and house number:	
Phone:	
E-mail:	
P.O. Box:	

7. Member of the board:

First name:																															
Middle name:																															
Family name:																															
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male															
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport															
ID document Nr.:																															
Passport country:																															
Date of birth:	D	D	/	M	M	/	Y	Y	Y	Y																					
Resident address:																															
Country:																															
Province:																															
District:																															
Sector:																															
Cell:																															
Street name and house number:																															
Phone:																															
E-mail:																															
P.O. Box:																															

First name:																															
Middle name:																															
Family name:																															
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male															
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport															
ID document Nr.:																															
Passport country:																															
Date of birth:	D	D	/	M	M	/	Y	Y	Y	Y																					
Resident address:																															
Country:																															
Province:																															
District:																															
Sector:																															
Cell:																															
Street name and house number:																															
Phone:																															
E-mail:																															
P.O. Box:																															

(Add more pages as needed)

9. Accountant:

<i>Type:</i>	<input type="checkbox"/> <i>Person</i> <input type="checkbox"/> <i>Organization</i>	
<i>Person:</i>		
<i>First name:</i>		
<i>Middle name:</i>		
<i>Family name:</i>		
<i>Gender:</i>	<input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Male</i>	
<i>ID document:</i>	<input type="checkbox"/> <i>National ID Card</i> <input type="checkbox"/> <i>Passport</i>	
<i>ID document Nr.:</i>		
<i>Passport country:</i>		
<i>Date of birth:</i>	D D / M M / Y Y Y Y	
<i>Organization:</i>		
<i>Company/Enterprise code/other:</i>		
<i>Registered name:</i>		
<i>Person resident address /Organization registered office address:</i>		
<i>Country:</i>		
<i>Province:</i>		
<i>District:</i>		
<i>Sector:</i>		
<i>Cell:</i>		
<i>Street name and house number:</i>		
<i>Phone:</i>		
<i>E-mail:</i>		
<i>P.O. Box:</i>		

12. Subscribers:

Type:	<input type="checkbox"/> Person <input type="checkbox"/> Organization	
<i>Person:</i>		
First name:		
Middle name:		
Family name:		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
ID document:	<input type="checkbox"/> National ID Card <input type="checkbox"/> Passport	
ID document Nr.:		
Passport country:		
Date of birth:	D D / M M / Y Y Y Y	
<i>Organization:</i>		
Company/Enterprise code/other:		
Registered name:		
<i>Person resident address /Organization registered office address:</i>		
Country:		
Province:		
District:		
Sector:		
Cell:		
Street name and house number		
Phone:		
E-mail:		
P.O.Box:		

Share type	Number of shares	Par value	Total
Ordinary share			
Not confer voting rights share			
Confer special, limited, or conditional voting rights share			
Redeemable share			
Confer preferential rights to distributions of share capital or income share			
Total for each subscriber			

(Add more pages as needed)

14. Employment:

Date of hiring first employee:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>	<input type="text" value="YY"/>
Number of employees on registration date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Amalgamation:

Amalgamated company code:	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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16. Declaring to be dormant:

Date of dormant resolution:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>	Dormant start date:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
Date of cessation resolution:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>	Cessation date :	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>

17. Dissolution / liquidation:

Resolution date:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>	Operation end date:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
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18. Attachments:

(Please cross out all the attachments to this application form)

<input type="checkbox"/> Memorandum	<input type="checkbox"/> Resolution to divide, subdivide or consolidate shares
<input type="checkbox"/> Articles	<input type="checkbox"/> Resolution to reduce the share capital
<input type="checkbox"/> Evidence of payment of fee(s)	<input type="checkbox"/> Resolution of the conversion of limited companies into unlimited companies
<input type="checkbox"/> Amalgamation proposal	<input type="checkbox"/> Resolution of the conversion of unlimited companies into a limited companies
<input checked="" type="checkbox"/> Amalgamation resolution	<input type="checkbox"/> Resolution to declare company as dormant
<input type="checkbox"/> Resolution to change the name	<input type="checkbox"/> Resolution to cease being dormant
<input type="checkbox"/> Resolution to alter or revoke the articles of association	<input type="checkbox"/> Resolution of liquidation
<input type="checkbox"/> Resolution to open branch	<input checked="" type="checkbox"/> Power of attorney
<input type="checkbox"/> Resolution to issue shares	<input type="checkbox"/> Others

Certification

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Signature

Date: