RDB RWANDA DEVELOPMENT BOARD

ORG
Office of the Registrar General

FOREIGN COMPANY REGISTRATION FORM (RF-003)

Registration:

- ❑ *New*
- ❑ *Change of particulars*
- ❑ *Order of Correction*
- ❑ *Declaring to be dormant*
- ❑ *Cessation to be dormant*
- ❑ *Cessation of business in Rwanda*
- ❑ *Court order*
- ❑ *Amalgamation*

1. Identification:

Company code:

Name reservation ID:

Company name:

2. Applicant:

Applicant position: ❑ *Power of attorney* ❑ *Representative* ❑ *Managing director* ❑ *Chairman of the board*

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Applicant's address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

3. Place of incorporation:

Street name and house number:

Country:

Phone:

E-mail:

P.O .Box:

4. Head office address in Rwanda:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

Working hours *From:* *To:*

5. Chairman of the board (Optional):

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *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. Member of the board of directors residing in Rwanda:

First name:
Middle name:
Family name:

Gender: ❑ *Female* ❑ *Male*

ID documen: ❑ *National ID Card* ❑ *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: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *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)

7. Authorized agent:

❑ *Natural person* ❑ *Organization*

Natural person:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Organization:

Company/Enterprise code/other:

Registered name:

Person resident address /Organization registered office address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O .Box:

8. Company employee / secretary:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *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:

9. Auditor:

Type: ❑ *Person* ❑ *Organization*

Person:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Organization:

Company/Enterprise code/other:

Registered name:

Person resident address /Organization registered office address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

10. Accountant:

❑ *Natural person* ❑ *Organization*

Person:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Organization:

Company/Enterprise code/other:

Registered name:

Person resident address /Organization registered office address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

11. Business activities:

RCPA Code	*Name*
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12. Capital information

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 the company			

Guarantee type	***Amount***
Total:	

13. Subscribers:

❑ *Natural person* ❑ *Organization*

Person:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Organization:

Company/Enterprise code/other:

Registered name:

Person resident address /Organization registered office address:

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. Guarantor:

❑ *Natural person* ❑ *Organization*

Person:

First name:

Middle name:

Family name:

Gender: ❑ *Female* ❑ *Male*

ID document: ❑ *National ID Card* ❑ *Passport*

ID document Nr.:

Passport country:

Date of birth: D D / M M / Y Y Y Y

Organization:

Company/Enterprise code/other:

Registered name:

Person resident address /Organization registered office address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

Guarantee type	***Amount***
Total for each guarantor:	

(Add more pages as needed)

15. Shares register address:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

Phone:

E-mail:

P.O. Box:

16. Employment:

Date of hiring first employee: D D / M M / Y Y

Number of employees on date of registration:

17. Declaring to be dormant:

Date of dormant resolution: D D / M M / Y Y

Dormant start date: D D / M M / Y Y

Date of cessation resolution: D D / M M / Y Y

Cessation date : D D / M M / Y Y

18. Cessation of business in Rwanda:

Resolution date: D D / M M / Y Y

Operation end date: D D / M M / Y Y

19. Attachments:

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

- ❑ *Change of particulars*
- ❑ *Memorandum*
- ❑ *Articles*
- ❑ *Certificate of incorporation*
- ❑ *Composition of the Board of Directors*
- ❑ *Declaration of the authorized agent*
- ❑ *Memorandum or power of attorney to represent the company in Rwanda*
- ❑ *Notice on registered office*
- ❑ *Power of attorney*
- ❑ *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: ……