

**FORM 318**

*Please complete this form in bold capital Letters. All fields are mandatory unless it does not relate to specific circumstance.*



NATIONAL INVESTMENT BOARD (NIB)  
 DIRECTORATE OF CORPORATE AFFAIRS  
 THE COMPANIES ACT NO. 5 OF 2009  
 AS AMENDED BY THE NIB ACT OF 2022  
 ANNUAL RETURNS OF A COMPANY LIMITED BY GUARANTEE



COMPANY NAME	
COMPANY NO:	
REGISTERED ADDRESS	
TELEPHONE NO:	
EMAIL	

Physical and Postal Address at which the register of members is kept (if not kept at registered office)

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address( in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email

***Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.***

Business occupation	
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### DETAILS

	1 <sup>st</sup> Director	2nd Director/ Secretary
Name of Director		
Telephone No		
Address		
Signature		
Email		

### Submitted / Filed

DAY		MONTH		YEAR	
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**Applicable fees shall/has been paid by : Mobile Money ☐ Bank Transfer ☐**

### PRESENTER DETAILS IF DIFFERENT FROM DIRECTOR/SECRETARY

NAME	
ADDRESS	
TELEPHONE NO:	
CITY	
EMAIL	
SIGNATURE	

Annex statement with particulars of amount of indebtedness of the company in respect of all managers and changes.