



SEE PAGE 3 & 4 FOR GUIDANCE NOTES

THE REGISTRATION OF BUSINESS (ACT No 18, 2007)		
Section A Combined Application for Registration of Partnership		
1. The Business Name		
2. Business Location Address		
Street District		
City/Town		
3. Postal Address P.O Box Street		
City/Town		
4. Telephone No and E-mail Address of Business: Land line Mobile		
E-Mail Address		
5. Activity/Industrial Classification (Mark X in appropriate box):      Services      Manufacturing      Farming/Fisheries        Commerce      Transport/Communication      Finance/Insurance/Real Estate      Construction      Banking      Mining        Government      Other      If other specify.      If other specify.      Services      Ser		
6. Describe your Business Activity/Nature of Business:		
7. The Capital employed in the business (including all Branches of Sierra Leone) with details of		
i. Nominal issue Capital In Words		
In figures Le		
ii. Business estimate turnover of twelve months from date of commencement of business		
of commencement of business		
of commencement of business      8. Auditor/ Accountant		
of commencement of business        8. Auditor/ Accountant        9. Name of Contact person		
of commencement of business        8. Auditor/ Accountant        9. Name of Contact person        10. Address of Contact person        11. Date of Commencement of business:		
of commencement of business        8. Auditor/ Accountant        9. Name of Contact person        10. Address of Contact person        11. Date of Commencement of business:        12. Full particulars of any branch(es) or other place(s) of business in Sierra Leone		
of commencement of business        8. Auditor/ Accountant        9. Name of Contact person        10. Address of Contact person        11. Date of Commencement of business:		
of commencement of business        8 . Auditor/ Accountant        9. Name of Contact person        10. Address of Contact person        11. Date of Commencement of business:        12. Full particulars of any branch(es) or other place(s) of business in Sierra Leone		

Section B

Partner 1

Particular of Partners        13. Title (Mark x in appropriate box) Mr.      Mrs.      Miss      Surname
First name Middle Name
Occupation Date of birth Determined Sex M F
Nationality ID/Passport No.   Partner 2
13. Title (Mark x in appropriate box)      Mr.      Miss      Surname        First name      Middle Name      Middle Name
Occupation    Date of birth    Sex M    F
Nationality    ID/Passport No.    If electricage of shares
Partner 3
13. Title ( <i>Mark x in appropriate box</i> ) Mr. Mrs. Miss Surname
First name    Middle Name
Occupation Date of birth Determined Sex M F
Nationality    ID/Passport No    Percentage of shares
Partner 4
<b>13.</b> Title ( <i>Mark x in appropriate box</i> ) Mr. Mrs. Miss Surname
First name  Middle Name
Occupation Date of birth Date of birth Sex M F
Nationality    ID/Passport No.    Percentage of shares
Partner 5
13. Title ( <i>Mark x in appropriate box</i> ) Mr. Mrs. Miss Surname
First name  Middle Name
Occupation  Date of birth      Sex M  F
Percentage %
Nationality of shares of shares of shares
Attach additional copy of shareholders information
<b>14.</b> <u>Note: for Promoter</u> I

FOR N	Image: NRA OFFICIAL USE ONLY        16. Data Entry By:	
16. Trade Activity Classification	18. Tax District	
25. TIN Assigned to Business		
FREETOWN CITY COUNCIL OFFICIAL USE ONLY		
19. Type of Business		
Category:      A      B      C      Amount Due and Demanded Le:        Licenses officer:      Signature:		
Licenses officer:	Signature:	

## **GUIDANCE NOTES**

- ✓ This form is to be completed for Partnership other than Sole Proprietorships or company.
- Section B is for Partners details and attach photocopies of National ID Card/Passport/Driver's License for Sierra Leoneans and in the case of Non-Sierra Leoneans photocopies of Certificate of Registration, Passport and Residence Permit.
- ✓ Please ensure that originals of photocopy attachments are presented for inspection as a basis for authentication of the photocopies at the NIB ,NRA and FCC offices when you are submitting the application.

## Section A

- 1. Enter name of business as entered as you want it to appear in the business registration certificate.
- 2. Physical location of principal place where business is conducted (i.e. head office if business is conducted at two or more places). Provide street address and leave out phrases like "near bridge" etc.
- 3. Details of person's address- Post Office Box number, town (or area) and district in which post office is located. District could be one of the following: Western Area Urban, Western Area Rural, Kailahun, Kenema, Kono, Bombali, Kambia, Koinadugu, Port Loko, Tonkolili, Bo, Bonthe, Moyamba or Pujehum.
- 4. Current E-mail address, numbers of land–line and mobile phone of the business.
- 5. Activity /industrial classification: Mark **X** in appropriate box
- 6. Describe business activities with main activity first. Please be specific.

- 7. The money/asset you have or wish to have to invest in the business. Estimate Turnover means The estimate of annual sales.
- 8. Name of External Auditor / Accountant of the business.
- 9-10. Name of contact person: A person in management position in the business, who interacts regularly with NIB, NRA and FCC on registration and tax issues.
- 11. The date you started/will start operation.
- 12. Full detail of any other place(s) with business is conducted in Sierra Leone
- 13. Enter the following details for each partner
  - Tick appropriate title and write full name, beginning with surname.
  - Date of birth beginning with day, followed by month and year in that order.
  - Mark **X** in box for male or female.
  - Sierra Leonean to provide Photocopy of National ID Number (or certificate of citizenship - obtained from National Civil Registration Authority)). Non-nationals of Sierra Leone are to provide passport number and residence permit
  - 14. To be completed by partner. The partner should fill his full name, sign and date.

## 15-19 DO NOT FILL THESE SECTIONS 15-19