

FORM AA



REPUBLIC OF SIERRA LEONE NATIONAL INVESTMENT BOARD (NIB)

SEE PAGE 3 & 4 FOR GUIDANCE NOTES

Directorate of Corporate Affairs (DoCA)

SEE PAGE 3 & 4 FOR GUID.

(Established under the Companies Act No.5 of 2009 and Business Registration Act. 2007 as Amended by the NIB ACT of 2022)

Application for Incorporation, Registration of New Business, and Issuance of NASSIT, Taxpayer Identification Number (TIN) and Municipal License.

1. The Business Name			
2. Registration Type (Mark X in appropriate box) : Limited Liability Limited by Guarantee			
3. Type of Legal Entity: Local Foreign Private Public			
Other if other specify:			
4. Business Location Address Street District			
City /Town			
5. Postal Address			
P.O. Box Street			
City/Town District District			
6. Telephone No and E-mail Address of Business: Land line Mobile			
E-Mail Address			
7. 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			
8. Describe your Business Activity/Nature of Business:			
9. The Capital employed in the business (including all Branches of Sierra Leone) with details of			
i. Nominal issue Capital In Words			
In figures			
ii. Business estimate turnover for the twelve month form date of commencement of business: in words			
In figures			
10. Auditor /Accountant			
11. Name of contact person			
12. Name of person authorise to accept and receive document			
13. Address of person authorise to accept and receive document			
14. Name of Secretary			
15. Address of Secretary			
16. Full particulars of any branch(es) or other place(s) of business in Sierra Leone			
Branch Address 1			

Branch Address 2		
Section B	Shareholder 1	
Particular of Shareholders		
17. Title (<i>Mari</i>	k x in appropriate box) Mr. Mrs. Surname	
First name	Middle Name	
Occupation	Date of birth Sex M F	
Nationality	ID/Passport No. Shareholder 2 Percentage of shares %	
17. Title (Mark	k x in appropriate box) Mr. Mrs. Surname	
First name	Middle Name	
Occupation	Date of birth Sex M F	
Nationality	ID/Passport No. Shareholder 3 Percentage of shares %	
17. Title (Mari	k x in appropriate box) Mr. Mrs. Surname	
First name	Middle Name	
Occupation	Date of birth Sex M F	
Nationality	ID/Passport No. Percentage of shares	
Shareholder 4		
17. Title (<i>Mar.</i>	k x in appropriate box) Mr. Mrs. Surname	
First name	Middle Name	
Occupation	Date of birth Sex M F	
Nationality	ID/Passport No. Percentage of shares	
Note: Please attached photocopy of your National ID/ Passport and residential permit		
Attach additional copy of shareholders information		
	ar of each company that is a shareholder	
Company Na	me:	
Address		
	Local Company	
19. Date of (Commencement of business	
20. Note: for Promoter I		
i		

21. Date of Issue 22. Data Entry By: 23. Trade Activity Classification 24. Tax District 25. TIN Assigned to Company		
FREETOWN CITY COUNCIL OFFICIAL USE ONLY		
26. Type of Business		
Category: A B C Amount Due and Demanded Le:		
Licenses officer: Signature: Signature:		
ADDITIONAL INFORMATION (NASSIT)		
27. Number of Employees		
29. Commencement Date 30. NASSIT NUMBER		

GUIDANCE NOTES

- √ This form is to be completed for company other than Sole
 Proprietorships or Partnership.
- ✓ Section B is for shareholders 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 OARG, 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. Limited Liability Company is a profit making company and Limited by guarantee is a non profit making company.
- 3. Type of business Ownership: Local, Foreign private or public Limited Company. If your business does not correspond to one of these boxes then you are probably a Sole Proprietorship or Partnership and you must fill a different form.
- 4. 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.
- 5. 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 Pujehun.
- 6. Current E-mail address, numbers of land–line and mobile phone of the business.
- 7. Activity /industrial classification: Mark **X** in appropriate box.
- 8. Describe business activities with main activity first. Please be specific.
- 9. The money/asset you have or wish to have to invest in the Company. Estimate Turnover means The estimate of annual sales.
- 10. Name of External Auditor / Accountant of the business.
- 11. Name of contact person: A person in management position in the business, who interacts regularly with OARG, NRA and FCC on registration and tax issues.
- 12-13 The name and address of the person who should received and do correspondence on behalf of the company
- 14-15 Name and address of the secretary of the company
- 16. Full detail of any other place(s) with business is operated in Sierra Leone
- 17. Enter the following details for each shareholder
 - 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 passport / driver's license if applicant has one). Non-nationals of Sierra Leone are to provide passport number and residence permit
- 18. Details of a company that is a shareholder
- 19. The date you started/will start operation
- 20. To be completed by promoter of a company (Shareholder). Promoter Should fill his full name, sign and date

21-26 DO NOT FILL THESE SECTIONS 21-26