

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
AND BUSINESS FACILITATION
THE COMPANIES ACT NO. 5 OF 2009



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 st 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.