



Section	Α				
1.	Business Name		Date of Incorporation		
2.	Registration Type Mark X	in appropriate hox) Lim	mited Liability Limited by Guarantee unlimited liability		
3.	Type of Legal Entity:	Local	Foreign Private Public		
	, ,				
4.	Address				
5.	Mobile number		6. Email		
7.	Describe your Business Act	tivity/Nature of Business	ss Activity/Industrial Classification(Mark X in appropriate box): Services		
	Manufacturing Farming/		rce Transport/Communication Finance/Insurance/Real Estate		
	Construction Banking				
If other s	specify				
8.	Name of contact person				
9. Name of Secretary					
	, <u> </u>				
10.	Address of Secretary				
11. Det	tails of Shareholder(s)				
Title (M	nark x in appropriate box) Mr.	Mrs. Miss	Surname		
First na	ame		Middle Name		
Occupa	ation		Date of birth Sex M F		





Nationality	ID/Passport No.
Title (Mark x in appropriate box) Mr. Mrs. Miss	Surname
First name	Middle Name
Occupation	Date of birth Sex M F
Nationality	ID/Passport No.
Title (<i>Mark x in appropriate box</i>) Mr. Mrs. Miss	Surname
First name	Middle Name
Occupation	Date of birth Sex M F
Nationality	ID/Passport No.
Title (Mark x in appropriate box) Mr. Mrs. Miss	Surname
First name	Middle Name
Occupation	Date of birth Sex M F
Nationality	ID/Passport No.
Complete if shareholder is a Company	
Company Name	Date of Incorporation
Business Address	
Please attach copy of Certificate of Incorporation	





12. Date of submission of last annual report and financial statement						
3. Does a company have an e						
4. ACCOUNTING PERIOD OF 1						
Name of director	Address	Signature				
National Revenue Authority Ta	x Identification Number (TIN)					
NASSIT Number						





RECALL FORM

DOCUMENTS LISTED FROM 1 TO 10 MUST ACCOMPANY EVERY APPLICATION

NAME OF COMPANY

- 1. CERTICATE OF INCORPORATION
- 2. CURRENT ADDRESS/LOCATION OF THE COMPANY
- 3. TELEPHONE NUMBER AND EMAIL OF BUSINESS, MOBILE NUMBER
- 4. NOMINAL ISSUED CAPITAL
- 5. NAME OF CONTACT PERSON OR PERSON TO RECEIVE DOCUMENT
- 6. SHARE HOLDERS' PARTICULARS AND THEIR ID'S COPIED IN COLOURED
- 7. PARTICULARS OF DIRECTORS AND THEIR ID'S
- 8. DATE OF LAST ANNUAL REPORT AND FINANCIAL STATEMENT WITH ATTACHED COPIES
- 9. ACCOUNTING PERIOD OF THE COMPANY CURRENT OR INTENDED.
- 10. PARTICULARS OF TRANSFER OF SHARES WITH RELEVANT DOCUMENTS (IF ANY)
- 11. SECURITY/CHARGED CREATED WITH DOCUMENT. (IF ANY)

If shareholders are more than ten (10) Kindly send us valid identification documents for at least five (5) majority and minority shareholders



