



DOMESTIC COMPANY APPLICATION FORM FOR INCORPORATION (RF-001)

Registration:		Nev	v							Cho	ıng	e of	par	ticu	ılar	s				Ora	ler o	of C	orre	ectio	on	
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Company name:																										
Abbreviation:		Ltd				Lin	ıited	l																		
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2. Applicant:																										
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3. Head office address (Registered address):

Country:																
Province:																
District:																
Sector:																Г
Cell:																Г
Street name and ho	ouse n	umb	er:													
Phone:																
E-mail:																
P.O. Box:																
Working hours	Fre	m:				To:										_

4. Chairman of the board (Optional):

First name:																									
Middle name:																									
Family name:																									-
Gender:		Fer	nale	2					Mai	!e															_
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5. Managing director:

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First name:																			
Middle name:																			
Family name:																			
Gender:		Fer	nale	e					Mal	le									
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Street name and how	use ni	umb	er:																
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6. Company employee / secretary:

First name:	_													_	_	_					_
Middle name:																					
Family name:																					
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7. Member of the board:

First name:																					
Middle name:																					
Family name:																					
Gender:		Fei	mal	e					Mal	le											
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(Add more pages as needed)

8. Auditor:

Type:		Pers	on		Orgo	aniz	atio	n											
Person:					- 0														
First name:																			
Middle name:																			
Family name:																			
Gender:		Fem	ale					Mal	e										
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Registered name:					+														
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Person resident addr	ress /	Orge	aniz	zatio	n reg	iste	red	offic	ce a	ddr	ess.	•							
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9. Accountant:

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Person:																						
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Middle name:																						
Family name:																						
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10. Business activities:

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11. Capital information

Share type	Number of shares	Par value	Total
Ordinary share			
Not confer voting rights share			
Confer special, limited, or conditional voting rights share			
Redeemable share			
Confer preferential rights to distributions of share capital or income share			
Total for the company			

Guarantee type	Amount
Total:	

12. Subscribers:

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Person:																							
First name:																							
Middle name:																							
Family name:																							
Gender:		Fen	 nale	?					Mal	e													
ID document:	_				D C	ard	,				rt												
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Date of birth:	D	D	/	М	М	/	Y	Y	Y	Y													
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Organization:	Date of birth:																						
Company/Enterprise	cod	e/ot	her	:																			
Registered name:																						\neg	
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Person resident addr	ess /	Org	gan	izat	ion	regi	iste	red	offi	ce a	ddr	ess:							_			_	
Country:																							
Province:																							
District:																							
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Cell:																							
Street name and hous	se ni	ımb	er																				
Phone:																							
E-mail:																							
P.O.Box:																							

Share type	Number of shares	Par value	Total
Ordinary share			
Not confer voting rights share			
Confer special, limited, or			
conditional voting rights share			
Redeemable share			
Confer preferential rights to			
distributions of share capital or			
income share			
Total for each subscriber			

(Add more pages as needed)

13. Guarantor:

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Type:		Per	son			rga	niz	atio	n										
Person:																			
First name:																			
Middle name:																			
Family name:																			
Gender:		Fer	nale	?					Mal	le									
ID document:	□ National ID Card □ Passport																		
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Organization:																			
Company/Enterprise	cod	e/ot	her	:															
Registered name:																			
Person resident address /Organization registered office address:																			
Country:																			
Province:																			
District:																			
Sector:																			
Cell:																			
Street name and house number:																			
Phone:																			
E-mail:																			
P.O. Box:																			

Guarantee type	Amount					
Total for each guarantor:						

(Add more pages as needed)

14. Employment:								
Date of hiring first employee: Number of employees on registration date:	YYY							
15. Amalgamation:								
Amalgamated company code: 9 9 0 0 0 0 0	1 9 X							
16. Declaring to be dormant:								
Date of dormant resolution: Date of cessation resolution: DD / MM / YY DD / MM / YY	Dormant start date: DD / MM / YY Cessation date: DD / MM / YY							
17. Dissolution / liquidation:								
Resolution date: DD / MM / YY	Operation end date: DD / MM / YY							
18. Attachments: (Please cross out all the attachments to this application form) Memorandum Articles Evidence of payment of fee(s) Amalgamation proposal Amalgamation resolution Resolution to change the name Resolution to alter or revoke the articles of association Resolution to open branch Resolution to issue shares	 □ Resolution to divide, subdivide or consolidate shares □ Resolution to reduce the share capital □ Resolution of the conversion of limited companies into unlimited companies □ Resolution of the conversion of unlimited companies into a limited companies □ Resolution to declare company as dormant □ Resolution to cease being dormant □ Resolution of liquidation ⋈ Power of attorney □ Others 							
Certification I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.								
Signature	Date:							