

DOMESTIC COMPANY APPLICATION FORM FOR INCORPORATION (RF-001)

<i>Registration:</i>	<input type="checkbox"/> <i>New</i> <input type="checkbox"/> <i>Change of particulars</i> <input type="checkbox"/> <i>Declaring to be dormant</i> <input type="checkbox"/> <i>Dissolution</i> <input type="checkbox"/> <i>Amalgamation</i>	<input type="checkbox"/> <i>Order of Correction</i> <input type="checkbox"/> <i>Cessation to be dormant</i> <input type="checkbox"/> <i>Court order</i>
<i>Category:</i>	<input type="checkbox"/> <i>Limited by shares private</i> <input type="checkbox"/> <i>Limited by shares public</i> <input type="checkbox"/> <i>Unlimited public</i>	
	<input type="checkbox"/> <i>Limited by shares and guarantee private</i> <input type="checkbox"/> <i>Limited by shares and guarantee public</i> <input type="checkbox"/> <i>Limited by guarantee private</i>	

1. Identification:

<i>Company code:</i>	<table border="1" style="width: 100%; height: 20px;"></table>
<i>Name reservation ID:</i>	<table border="1" style="width: 100%; height: 20px;"></table>
<i>Company name:</i>	<table border="1" style="width: 100%; height: 40px;"></table>
<i>Abbreviation:</i>	<input type="checkbox"/> <i>Ltd</i> <input type="checkbox"/> <i>Limited</i>

2. Applicant:

<i>Applicant position:</i>	<input type="checkbox"/> <i>Power of attorney</i> <input type="checkbox"/> <i>Representative</i> <input type="checkbox"/> <i>Managing director</i> <input type="checkbox"/> <i>Chairman of the board</i>										
<i>First name:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Middle name:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Family name:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Gender:</i>	<input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Male</i>										
<i>ID document:</i>	<input type="checkbox"/> <i>National ID Card</i> <input type="checkbox"/> <i>Passport</i>										
<i>ID document Nr.:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Passport country:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Date of birth:</i>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
<i>Resident address:</i>											
<i>Country:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Province:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>District:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Sector:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Cell:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Street name and house number:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>Phone:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>E-mail:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										
<i>P.O. Box:</i>	<table border="1" style="width: 100%; height: 20px;"></table>										

3. Head office address (Registered address):

Country:									
Province:									
District:									
Sector:									
Cell:									
Street name and house number:									
Phone:									
E-mail:									
P.O. Box:									
Working hours	From: <table><tr><td></td><td></td><td></td><td></td></tr></table> To: <table><tr><td></td><td></td><td></td><td></td></tr></table>								

4. Chairman of the board (Optional):

First name:											
Middle name:											
Family name:											
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male										
ID document:	<input type="checkbox"/> National ID Card <input type="checkbox"/> Passport										
ID document Nr.:											
Passport country:											
Date of birth:	<table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
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Resident address:											
Country:											
Province:											
District:											
Sector:											
Cell:											
Street name and house number:											
Phone:											
E-mail:											
P.O. Box:											

5. Managing director:

First name:																														
Middle name:																														
Family name:																														
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male														
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport														
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Passport country:																														
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District:																														
Sector:																														
Cell:																														
Street name and house number:																														
Phone:																														
E-mail:																														
P.O. Box:																														

6. Company employee / secretary:

First name:																														
Middle name:																														
Family name:																														
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male														
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport														
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Sector:																														
Cell:																														
Street name and house number:																														
Phone:																														
E-mail:																														
P.O. Box:																														

7. Member of the board:

First name:																														
Middle name:																														
Family name:																														
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male														
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport														
ID document Nr.:																														
Passport country:																														
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P.O. Box:																														

First name:																														
Middle name:																														
Family name:																														
Gender:	<input type="checkbox"/> Female															<input type="checkbox"/> Male														
ID document:	<input type="checkbox"/> National ID Card															<input type="checkbox"/> Passport														
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Street name and house number:																														
Phone:																														
E-mail:																														
P.O. Box:																														

(Add more pages as needed)

8. Auditor:

Type:		<input type="checkbox"/> Person <input type="checkbox"/> Organization	
Person:			
First name:			
Middle name:			
Family name:			
Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Male
ID document:	<input type="checkbox"/> National ID Card		<input type="checkbox"/> Passport
ID document Nr.:			
Passport country:			
Date of birth:	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>		
Organization:			
Company/Enterprise code/or other:			
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:			

9. Accountant:

Type:		<input type="checkbox"/> Person <input type="checkbox"/> Organization	
Person:			
First name:			
Middle name:			
Family name:			
Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Male
ID document:	<input type="checkbox"/> National ID Card		<input type="checkbox"/> Passport
ID document Nr.:			
Passport country:			
Date of birth:	<div style="display: flex; align-items: center; gap: 5px;"> D D / M M / Y Y Y Y </div>		
Organization:			
Company/Enterprise code/other:			
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:			

10. Business activities:

[illegible]

11. Capital information

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

<i>Guarantee type</i>	<i>Amount</i>
<i>Total:</i>	

12. Subscribers:

Type:		<input type="checkbox"/> Person <input type="checkbox"/> Organization	
Person:			
First name:			
Middle name:			
Family name:			
Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Male
ID document:	<input type="checkbox"/> National ID Card		<input type="checkbox"/> Passport
ID document Nr.:			
Passport country:			
Date of birth:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">D</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">D</div> <div style="margin: 0 2px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">M</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">M</div> <div style="margin: 0 2px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">Y</div> </div>		
Organization:			
Company/Enterprise code/other:			
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:			

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:

Type:	<input type="checkbox"/> Person <input type="checkbox"/> Organization																																
Person:																																	
First name:																																	
Middle name:																																	
Family name:																																	
Gender:	<input type="checkbox"/> Female																<input type="checkbox"/> Male																
ID document:	<input type="checkbox"/> National ID Card																<input type="checkbox"/> Passport																
ID document Nr.:																																	
Passport country:																																	
Date of birth:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div>																																

Organization:																																	
Company/Enterprise code/other:																																	
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:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Number of employees on registration date:

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15. Amalgamation:

Amalgamated company code:

9	9	0	0	0	0	0	1	9	X										
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16. Declaring to be dormant:

Date of dormant resolution:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 Dormant start date:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

Date of cessation resolution:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 Cessation date :

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

17. Dissolution / liquidation:

Resolution date:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

 Operation end date:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

18. Attachments:

(Please cross out all the attachments to this application form)

- | | |
|--|---|
| <input type="checkbox"/> Memorandum | <input type="checkbox"/> Resolution to divide, subdivide or consolidate shares |
| <input type="checkbox"/> Articles | <input type="checkbox"/> Resolution to reduce the share capital |
| <input type="checkbox"/> Evidence of payment of fee(s) | <input type="checkbox"/> Resolution of the conversion of limited companies into unlimited companies |
| <input type="checkbox"/> Amalgamation proposal | <input type="checkbox"/> Resolution of the conversion of unlimited companies into a limited companies |
| <input checked="" type="checkbox"/> Amalgamation resolution | <input type="checkbox"/> Resolution to declare company as dormant |
| <input type="checkbox"/> Resolution to change the name | <input type="checkbox"/> Resolution to cease being dormant |
| <input type="checkbox"/> Resolution to alter or revoke the articles of association | <input type="checkbox"/> Resolution of liquidation |
| <input type="checkbox"/> Resolution to open branch | <input checked="" type="checkbox"/> Power of attorney |
| <input type="checkbox"/> Resolution to issue shares | <input type="checkbox"/> 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: