



BUSINESS ENTITY RE-REGISTRATION FORM

The following information is required for the re-registering of a business entity. Kindly complete this form in its entirety to ensure that your company is successfully re-registered on the OBRS System. All information on this form is confidential and will not be accessible to the public.

1. Name of business entity:

2. Business entity former registration number:

3. Please indicate the physical address of the place of business. Such address is not the registered office address of the company.

Address 1:
Address 2:
City:
State:
Country:

4. Telephone Number of Business:

5. Email address:

6. Tax Identification Number:

7. (The new e-registration system ultimately requests information as per the International Standard Industrial Classification of All Economic Activities. At a minimum, we ask that you provide the main activities of the business of company and elaborate with details for a complete description of your business).

8. Details of Controlling persons:

Director

FIRST NAME	SURNAME
MALE OR FEMALE	NATIONALITY
BIRTHDATE (DD/MM/YYYY)	PASSPORT NO. AND EXPIRATION DATE
PERMANENT ADDRESS 1	
PERMANENT ADDRESS 2	
CITY:	STATE:
COUNTRY:	ZIP CODE:
TELEPHONE NUMBER:	
EMAIL ADDRESS ¹	
DATE APPOINTED AS DIRECTOR	

Corporate director (if any)

Legal Name	Registration Number
PERMANENT ADDRESS 1	
PERMANENT ADDRESS 2	
CITY:	STATE:
COUNTRY:	ZIP CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF APPOINTMENT AS DIRECTOR:	

Please add additional sheets for additional directors.

Secretary (if any)

FIRST NAME:	SURNAME
MALE OR FEMALE :	NATIONALITY:
BIRTHDATE (DD/MM/YYYY)	PASSPORT NO. AND EXPIRATION DATE
PERMANENT ADDRESS 1	
PERMANENT ADDRESS 2	
CITY:	STATE:
COUNTRY:	ZIP CODE:
TELEPHONE NUMBER:	DATE APPOINTED:
EMAIL ADDRESS: Click or tap here to enter text.	

12. Shareholder

Please list the name of the current shareholders and complete the following information on each shareholder of the company.

Shareholder 1

FIRSTNAME		SURNAME
NUMBER OF SHARES	MALE OR FEMALE	NATIONALITY:
BIRTHDATE (DD/MM/YYYY)		PASSPORT NO. AND EXPIRATION DATE

PERMANENT ADDRESS 1	
PERMANENT ADDRESS 2	
CITY:	STATE:
COUNTRY:	ZIP CODE:
TELEPHONE NUMBER:	
EMAIL ADDRESS:	IS SHAREHOLDER AN ULTIMATE BENEFICIAL OWNER OF THE COMPANY (YES OR NO) ²
DATE SHARES WERE ACQUIRED	

Corporate Shareholder (if any)

Legal Name	Registration Number
NUMBER OF SHARES TAKEN	ISSUED DATE OF SHARES
DARE ACQUIRED:	
PERMANENT ADDRESS 1	
PERMANENT ADDRESS 2	
CITY:	STATE:
COUNTRY:	ZIP CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:

Please add additional sheets for additional shareholders

*Should there be any changes concerning the structure of controlling person, I/We will immediately inform International Corporate Services Limited within thirty (30) days of this change.

* We declare and confirm the above information is true and correct and I make this Declaration conscientiously believing the same to be true and according to the Oaths Act, (Chapter 130) and I am aware that if there is any statement in this form which is false in fact, which we know or believe to be false or do not believe to be true, we are liable to fine and imprisonment.

Signature: _____

Date:

Print Name:

*this document may be signed by the intermediary/director/shareholder/beneficial owner, that is not a nominee.
