Issue No.2 of 2013	FOR OFFICE USE S23	3-F1								
THE COMPANIES ACT APPLICATION FOR INCORPORATION OF A COMPANY [Section 23(1)(a)]	Date of Incorporation									
	cable only for Category 2 Global Business Compa	any								
*Category: Domestic Category 1 Global Business	Category 2 Global Business									
*Type: Limited by shares Limited by guarantee										
*State whether: One person company Limited Life company Duration (Years) (Months) **Company No. for Registered Agent										
**Name of Registered Agent										
Registered Office Address										
Street										
Building/ Locality										
Town/ Village *Mauritius *Rodrigues										
	Leave this space									

*Proposed director or any authorised person The following documents accompany this form: For Office Use 1. Consent and certificate of every Director (please use Form 7 for this purpose) 2. Consent and certificate of secretary (if any) (please use Form 8 for this purpose) 3. Shareholders' consent (please use Form 9 for this purpose) 4. Members' consent (Applicable for company limited by guarantee)(please use Form 10 for this purpose) 5. Written authority of the agent that signed the form of consent 6. Notice of reservation of name(if any) 7. Constitution of company and legal certificate (if any) No. of sheets provided **Declaration of *Applicant** I declare that the information contained in this application is true and correct. Signature:.... Name:.... Date (DD/MM/YYYY) (For Office Use) Incorporation Fee:.... Other Fees:.... Date:.....

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			FOR OFFICE USE S23									
DETAILS OF BUSINESS FOR THE PROPOSED COMPANY			BARCODE									
* Tick where applicable **I Name of proposed company	Delete as appropriate											
Business name(if any)				iness	Date / Proposed	For Office Use NSIC Code						
Address of principal place o	f business											
Street												
Building/ Locality												
Town/												
Village *Mauritius	*Rodrigues											
Postal Address												
Street												
Building/ Locality												
Town/ Village												
*Mauritius	*Rodrigues											

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Telephone Number	
Fax Number	
Email Address	
Actual Workforce :	Expected Workforce :
	Leave this space blank

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	FOR OFFICE USE									FP				
	BARCODE													
Name of Company / Proposed company														
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I have been duly authorized by the Director / Shareholder of the company / proposed company to present this document. Signature:														
NIC Number:														
Tel No:						• • •					 			
Date / (DD/MM/YYYY)														