

THE COMPANIES ACT
CONSENT AND CERTIFICATE OF DIRECTOR
OF AMALGAMATED COMPANY

[Section 248(2)(f)]

BARCODE

Please use BLOCK letters * Tick where applicable

Company No.

[Grid for Company No.]

Name of Amalgamated Company

[Grid for Name of Amalgamated Company]

[Grid for Name of Amalgamated Company]

*Category: Domestic Category 1 Global Business Category 2 Global Business

*Title: Mr Mrs Miss

*Resident of Mauritius *Citizen of Mauritius
*Non-Resident of Mauritius *Non-Citizen of Mauritius

*Nationality: Mauritian

If other please specify [Grid]

*ID Type NIC Passport No. Company No.

NIC / Passport No. / Company No.
[Grid]

Surname / Company Name
[Grid]

First Name(s)
[Grid]

Maiden Name (If any)
[Grid]

Leave this space blank

**** Applies to director of public company unless approval is obtained under section 138(6). (Copy of approval to be attached). Delete if not applicable**

Company No.

I consent to act as director of the amalgamated company and certify that I am not disqualified from being appointed or holding office as a director of a company. **I also certify that I am not over the age of seventy.

Date / /
(DD/MM/YYYY)

.....
Signature

.....
Name

If Director is a Company or a Firm

Name of Company / Firm:

Represented By:

Company No.

BARCODE

This page contains confidential information and is not shown to the public

Residential Address of Director

Street

Building/
Locality

Town/
Village

*Mauritius *Rodrigues

If other please specify

Name of Director:

