**Company Service Provider **

**Registration Form**

***(Section 167 A of Companies Act 2001)***

**Privacy disclaimer** - Collection of the information provided in this form and any attachment is being used under the Act for the purpose of registering a service provider. This department will endeavour to maintain any confidentiality of information relating to your form. *However, details of your application form may be disclosed as required or authorised by law.*

1. Applicant’s details

**Please tick as appropriate:**

Individual:

Firm/Consultancy firm:

Limited Liability Partnership

Limited Partnership

Societes

Foundation

2. Registration of Company Service Provider *(to fill as appropriate)*

**\***Name of Person/entity………………………………………………….

 Surname:…………………………………………..

 NID/ Registration No:………………………………………. **\*** BRN:………………………

\* Passport No: …................................................................\* Occupation Permit...............

 Address :……………………………………..

 Postal Address:……………………………….

 Tel No…………………………………Mob no:… …………………………..email:…………..

**\*** Educational Qualification Sc/Hsc…………..Dip………….Degree………….Msc

**\*** Professional Qualifications/ Others:………………………………………………………

**\*** Certificate of Registration/ Incorporation:……………………………...

**\* Where applicable**

 Certificate of Morality:

 Current Standing

**2.1 EMPLOYMENT HISTORY**

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**2.2** **Other Regulatory Evidences (to annex)**

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**2.3 Are you director/Member /Shareholder of any entity registered at CBRD?( Yes / No)**

……………………………………………………………………………………………..

If yes , Name of Company:……………………..File No:…………….Position Held:

 **2.4 Have you been convicted of any offence during the last 10 years? Answer Yes or No....................**

If Yes, indicate nature of offence and date of outcome.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**2.5 Full Name of Referee**:……………………………………………

**Note to the Referee: All statements will be maintained in a confidential manner.**

NID:……………………………………….

Address :……………………………………..

Postal Address:……………………………….

Tel No…………………………………Mob no:……………………………..email:…………..

TITLE POSITION:……………………………………………………..

**3.1 If you have any additional comments that will assist in our evaluation, please provide your comments in the space below**

**….........................................................................................................................................**

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**3.2 .List of Documents annexed with application:**

* Copy of NID ….............
* Certificate of Incorporation/Registration.................
* Evidence of Qualification………………
* Evidence of knowledge claimed………………........
* Evidence of Experience…………………………......
* Copy Of Passport For Non Resident.......................
* Copy Of Occupation Permit …................

**DECLARATION**

I,.............................................................................., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not wilfully suppressed any material fact.

Date ......................................... Signature.....................................................