Companies (Prescribed Forms) (Amendment) Regulations 2006

GN No. 151 of 2006

THE COMPANIES ACT 2001

Regulations made by the Minister under section 360 of the Companies Act 2001

- 1. These regulations may be cited as the Companies (Prescribed Forms) (Amendment) Regulations 2006.
- 2. In these regulations -
 - "principal regulations" means the Companies (Prescribed Forms) Regulations 2001.
- 3. The principal regulations are amended -
 - (a) by repealing the First Schedule and replacing it by First Schedule to the Regulations;
 - (b) by repealing the Fifth Schedule and replacing it by the Second Schedule to these regulations
- 4. These regulations shall be deemed to have come into operation on 1st October 2006.

Made by the Minister on 30th September, 2006.

FIRST SCHEDULE

(regulation 3(a))

FIRST SCHEDULE

(regulation 3 (1)(a))

Т	THE COMPANIES ACT 2001		FOR OFFICE USE	S23.F
Form duly filled to be If there is insufficient	CATION FOR INCORPORATION OF A COMPANY (Section 23(1)(a)) e sent or delivered to the Registrar of Companies space on the form to supply the information req t (specify the number of sheets provided at page	uired, please atta	y No.	aining the information set o
Name of propose	d company			
Category:	*Domestic company *Category 1 Global Business *Category 2 Global Business		Nature:	*Private *Public
Type:	*Limited by shares *Limited by guarantee *Limited by shares and guarantee *Unlimited company			
State whether:	*One person company Ye *Limited life company Ye		Duration:	years
	**Full name of applicants		Full Address of appli	cants
Full address of B	ngistarad Office			
* Tick where appli				

15			
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Sheet

of (for office use)

DIRECTORS

	Residential Addres	S		Citize	n of	Business		** Othe	er
			ı	Mtius		Occupation		Directo	rship
				(Yes/l	No)	·			·
							-		
			•						
				•••					
		Mtius (Yes/No)	share	es	shares	(if any)	Paid		Unpaid
e following persons a	are the shareholders/r	Citizen of	Class		ipany:	Par Value	***Δn	nount & C	urrency
		Mtius (Yes/No)	share	es	shares	(if any)			
				••••					
*SECRETARY									
				Full ad	dress				
				Full ad	dress				
				Full ad	ldress				
*SECRETARY Full name				Full ad	ldress				
				Full ad	ldress				
Full name						(2) 22 1 2 2 5			
In case of a n	atural person, give surn			wed b	y first name				and if no
In case of a n	atural person, give surn			wed b	y first name				and if no

This page is not applicable to Global Business Companies

eneral nature of business		
Nature of business	Location of business	Date/Proposed Date* of commencemen
		of Business
ddress of principal place of busines	5	
ostal Address		
Telanhone Number	Fay Number	
Telephone Number	Fax Number	
<u> </u>	Fax Number	
<u> </u>	Fax Number	
Email Address		
Email Address State work force at time of application		
Email Address State work force at time of application		
Email Address State work force at time of application on the contact Details	n	
Email Address State work force at time of application ontact Details Name of Contact Person:	n	
Email Address State work force at time of application ontact Details Name of Contact Person:	n	
Email Address State work force at time of application ontact Details Name of Contact Person:	n	
Address of Contact Person:	n Fax Number:	
Email Address State work force at time of application Contact Details Name of Contact Person: Address of Contact Person: Telephone Number:	n Fax Number:	

Declaration by applicant(s)		
I/We declare that the information contained in this app	lication is true and correct.	
Name and signature:		
D 4		
Date:		
The fellowing decomposes accommon this form.		
The following documents accompany this form:		For office use
		YES NO
4 Occasion and an different of course Director (all	7.5 41-i	TES NO
Consent and certificate of every Director (ple		
2. Consent and certificate of secretary (please		
3. Shareholders' consent (please use Form 9 f		
4. Members' consent (limited by guarantee) (pl		
5. Written authority of the agent that signed the	e form of consent	
6. Notice of reservation of name		
7. Constitution of company in two originals duly	y certified (if any)	
	No. of sh	eets provided
	·	
Presented by:	(For office us	se)
Name:	Incorporation fee:	Officer's Name:
Address:	Other fees:	
	i	Sig:
Reference:	:	Date:
		Sheet of
		(for office use)

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DITIONAL APPLICANTS									
e following persons are the applic	ants of the	proposed con	npany:						
*Full N	lame					Full A	Address		
DDITIONAL DIRECTORS									
e following persons are the direct									
*Full Name	R	esidential Add	lress	Citizen of N			siness	**Oth	ner Directorshi
				(Yes/No)	Ucci	upation		
						ı	l		
DITIONAL SHAREHOLDE	ERS/MEN	IBERS							
e following persons are the share	holders/me	mbers of the p	proposed com	pany:					
		Citizen of	Class of	No. of	Par	Value	***Ar	mount &	& Currency
*Full name and Address		Mtius	Shares	Shares	(if	any)	Paid		Unpaid
		(Yes/No)							

Sheet		of	
	(for of	fice u	se)

SECOND SCHEDULE

(regulation 3(b))

FIFTH SCHEDULE

(regulation 3(1)(e))

THE COMPA	ANIES ACT 2001		FOR OFFICE	USE	S269.76
ANNUAL RETU	JRN OF COMPANY				
LIMITED B'	Y GUARANTEE	Docum	ent Folio		
(SECT	TION 269(3))	Catego	orv		
		Compa			
		Compa	illy NO.		
If there is insufficient space on the fo format:	orm to supply the information requ	uired, please attach a	separate sheet containing t	he information set out in the	e prescribed
			Specify the number	er of sheets provided	
Name of company					
Full address of Registered	Office				
Place where members' regi	ister is kept (if other than	Registered Off	ice)		
			•		
Date of			debtedness of compa	any	
Annual Meeting	In r	respect of all ch	arges to be filed		
DIRECTORS					
The following persons are the di	rectors of the company:				
Full Name	Residential Address	Citizen of	Business Occupation	Other Directorshi	р
Full Name		Citizen of Mtius (Yes/No)	Business Occupation	Other Directorshi	р
Full Name			Business Occupation	Other Directorshi	р
Full Name			Business Occupation	Other Directorshi	p
Full Name			Business Occupation	Other Directorshi	p
		Mtius (Yes/No)		Other Directorshi	p
Full Name SECRETARY Full name				Other Directorshi	p
		Mtius (Yes/No)		Other Directorshi	p
		Mtius (Yes/No)		Other Directorshi	p
SECRETARY Full name		Mtius (Yes/No) Full Add	dress	Other Directorshi	p
		Mtius (Yes/No)	dress	Other Directorshi	p
SECRETARY Full name		Mtius (Yes/No) Full Add	dress	Other Directorshi	p
SECRETARY Full name		Mtius (Yes/No) Full Add	dress	Other Directorshi	p

Signature of Director/Secretary	Date
Name of Director/Secretary	
Presented by:	(For office use)
Name:	Officer's Name:
Address:	
	Sig:
Reference:	Date:
	Sheet of (for office use)

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ADDITIONAL DIRECTORS

Full Name	Residential Address	Citizen of	Business	Other Directorship
		Mtius	Occupation	
		(Yes/No)		
			Full Addre	ss
e following persons are the secreta			Full Addre	ss
DDITIONAL SECRETARIES e following persons are the secreta Full N			Full Addre	ss
e following persons are the secreta			Full Addre	ss
e following persons are the secreta			Full Addre	SS
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e following persons are the secreta			Full Addre	SS
e following persons are the secreta			Full Addre	SS
Full N	lame		Full Addre	SS
PDITIONAL AUDITORS	s of the company:		Full Addre	
PDITIONAL AUDITORS e following persons are the secreta	s of the company:			
Full N PDITIONAL AUDITORS Following persons are the auditors	s of the company:			
PDITIONAL AUDITORS e following persons are the secreta	s of the company:			
PDITIONAL AUDITORS e following persons are the secreta	s of the company:			
PDITIONAL AUDITORS e following persons are the secreta	s of the company:			