



LIBERIA BUSINESS REGISTRY



A JOINT INITIATIVE OF THE MINISTRY OF COMMERCE AND INDUSTRY, THE
MINISTRY OF FOREIGN AFFAIRS, THE MINISTRY OF FINANCE AND THE
NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION

ENTERPRISE APPLICATION FORM FOR REGISTRATION (RF-001)

Registration*:	<input type="checkbox"/> New registration	<input type="checkbox"/> Renewal	<input type="checkbox"/> Merger
	<input type="checkbox"/> Consolidation	<input type="checkbox"/> Change of particulars	<input type="checkbox"/> Change of name
		<input type="checkbox"/> Change of name	<input type="checkbox"/> Re – registration
		<input type="checkbox"/> Dissolution	<input type="checkbox"/> Change of name
		<input type="checkbox"/> Rescission of dissolution	<input type="checkbox"/> Re - domiciliation
		<input type="checkbox"/> Error correction	<input type="checkbox"/> Court order
Category*:	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Not for profit corporation
	<input type="checkbox"/> Business corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> Foreign corporation	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Foundation
	<input type="checkbox"/> Foreign maritime entity	<input type="checkbox"/> Branch/subsidiary	

1. Identification

PLEASE USE CAPITAL LETTERS TO FILL IN APPLICATION

Enterprise code*:	<input type="text"/>	(applicable if enterprise is registered in LBRS)
Name reservation No:	<input type="text"/>	(applicable if the name was reserved in LBRS)
Enterprise name*:	<input type="text"/>	
Corporate part*:	<input type="checkbox"/> LLC <input type="checkbox"/> L.L.C. <input type="checkbox"/> Limited Liability Company (applicable for limited liability company only)	
	<input type="checkbox"/> LTD <input type="checkbox"/> Inc <input type="checkbox"/> Corp <input type="checkbox"/> Co <input type="checkbox"/> Incorporated <input type="checkbox"/> Corporation <input type="checkbox"/> Company <input type="checkbox"/> Limited	
	(applicable for business corporation only)	
TIN:	<input type="text"/>	
Parent code:	(applicable for registration of a branch/subsidiary only)	
Parent name:	<input type="text"/>	

2. Applicant

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	TIN:	<input type="text"/>
First name*:	<input type="text"/>		
Middle name:	<input type="text"/>		
Last name*:	<input type="text"/>		
Position*:	<input type="text"/>		
Gender*:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
ID document*:	<input type="checkbox"/> Driving license <input type="checkbox"/> Passport <input type="checkbox"/> Other	No*:	<input type="text"/>
ID doc. country:	<input type="text"/>		
Nationality:	<input type="text"/>		
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(date format DD/MM/YYYY)	
Country of birth:	<input type="text"/>		
Applicant's address:	<input type="text"/>		
Country*:	<input type="text"/>	P.O. Box No:	<input type="text"/>
County*:	<input type="text"/>		
District*:	<input type="text"/>		
City or village:	<input type="text"/>		
Street:	<input type="text"/>		
Location, house No:	<input type="text"/>		
Land line:	<input type="text"/>	Fax:	<input type="text"/>
Cell:	<input type="text"/>	Telex:	<input type="text"/>
E-mail:	<input type="text"/>		

* Please for **Liberian** address choose county and district from the list.

3. General information

New enterprise name:																																																				
(applicable for change of name)																																																				
New abbreviation:																																																				
(applicable for change of name)																																																				
Ownership:	<input type="checkbox"/> Liberian <input type="checkbox"/> Foreign <input type="checkbox"/> Naturalized Liberian																																																			
Nationality:																																																				
(applicable if foreign ownership, indicate all nationalities)																																																				
Date of intended commencement of operation:											/											/											(date format DD/MM/YYYY)																			
Registration date:											/											/											(applicable only for an enterprises already registered in Liberia)																			
Incorporation date:											/											/											(for limited liability company, foreign corporation or maritime entity)																			
Formation date:											/											/											(for <u>domestic</u> limited liability company only)																			
Dissolution date:											/											/											(for limited liability company and business corporation)																			
Duration:	from:																				/											/	to:																			
(applicable for limited liability company, business corporation, foundation and Not for profit corporation only)																																																				
Classification:	<input type="checkbox"/> Authorized to issue shares										<input type="checkbox"/> Not authorized to issue shares but having members										<input type="checkbox"/> Authorized to issue shares and having members who are not shareholders																															
(applicable for limited liability company and business corporation)																																																				
Jurisdiction:																																																				
(applicable for foreign corporation or foreign maritime entity)																																																				
Legal character or nature of entity in other jurisdiction:																																																				
(applicable for foreign maritime entity only)																																																				
<input type="checkbox"/> Power to own or operate vessels										<input type="checkbox"/> Capacity to sue and be sued in own name										<input type="checkbox"/> Capacity to sue and be sued in name of lawful fiduciary or legal representative																																
(applicable for foreign maritime entity only)																																																				

4. Employment

Planned number of employees*:											Total*											Foreigners											Liberians
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5. Capital

Total capital*:																															Currency*:	<input type="checkbox"/> LD <input type="checkbox"/> USD				
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------------	--	--	--	--	--

6. Registered address (physical address of the business)

Country*:	L I B E R I A										P.O. Box No:																			
County*:'																														
District:'																														
Village or city:																														
Street:																														
Location, house No:																														
Land line:																Fax:														
Cell:																Telex:														
E-mail:																														
Same mailing address:	<input type="checkbox"/> Yes <input type="checkbox"/> No										(mark if mailing address is the same as registered address)																			

' Please choose county and district from the list.

9. Application additional parts

(please cross out all the additional parts to this application form)

<input type="checkbox"/> (A) Empowered person	<input type="checkbox"/> (I) Donor (s)
<input type="checkbox"/> (B) Registered agent	<input type="checkbox"/> (J) Foundation assets
<input type="checkbox"/> Same as applicant	<input type="checkbox"/> (K) Secretary, auditor
<input type="checkbox"/> (C) Board of directors	<input type="checkbox"/> (L) Partner(s)
<input type="checkbox"/> (D) Member(s)	<input type="checkbox"/> (M) Owner
<input type="checkbox"/> (E) Incorporator(s)	<input type="checkbox"/> Same as applicant
<input type="checkbox"/> (F) Shares and shareholder(s)	<input type="checkbox"/> (N) Re-domiciled
<input type="checkbox"/> (G) Principle office address and Lawful fiduciary / Legal representative	<input type="checkbox"/> (O) Constituent
<input type="checkbox"/> (H) Trustee(s)	<input type="checkbox"/> (P) Dissolution / Rescission of dissolution
	<input type="checkbox"/> (Q) Information for TAX authority
	<input type="checkbox"/> (R) Re-registration

(do not add additional part B or M and cross out indication "Same as applicant" if the person is the same as an applicant)

9. Attachments

(please cross out all the attachments to this application form)

<input type="checkbox"/> Evidence of fee payment	<input type="checkbox"/> Instrument of change evidence
<input type="checkbox"/> Copy of ID document	<input type="checkbox"/> Instrument of dissolution
<input type="checkbox"/> Articles of incorporation	<input type="checkbox"/> Instrument of merger
<input type="checkbox"/> Certificate of incorporation	<input type="checkbox"/> Instrument of consolidation
<input type="checkbox"/> Notary certificate	<input type="checkbox"/> Memorandum of endowment
<input type="checkbox"/> Articles of amendment	<input type="checkbox"/> Management articles
<input type="checkbox"/> Articles of dissolution	<input type="checkbox"/> Consent to act as officer
<input type="checkbox"/> Articles of merger	<input type="checkbox"/> Consent to act as secretary
<input type="checkbox"/> Articles of consolidation	<input type="checkbox"/> Declaration by the officers
<input type="checkbox"/> Court decree	<input type="checkbox"/> Statement of initial assets
<input type="checkbox"/> Application for withdrawal	<input type="checkbox"/> Partnership agreement
<input type="checkbox"/> Instrument of trust	<input type="checkbox"/> Limited partnership agreement
<input type="checkbox"/> Confirmation of trustee	<input type="checkbox"/> Power of attorney
<input type="checkbox"/> Application for authority to do business in Liberia	<input type="checkbox"/> Dissolution agreement
<input type="checkbox"/> Registered agent acceptance	<input type="checkbox"/> Others:
<input type="checkbox"/> Specimen of signature

Certification

I hereby certify that the information given in this form and its additional parts to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

The number of filled pages in the application (including additional parts)*:

Signature*:

Date*:

Application additional part (A) Person empowered to bind the enterprise

Empowered person*: New Amend Remove

Natural person: Same as applicant (if the empowered person is the same as applicant mark check box, enter representation details and do not repeat person's data)

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.																								
First name*:																									
Middle name:																									
Last name*:																									
TIN:																									
Gender*:	<input type="checkbox"/> Female <input type="checkbox"/> Male										Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
ID document*:	<input type="checkbox"/> Driving license <input type="checkbox"/> Passport <input type="checkbox"/> Other															No*:									
ID doc. country:																									
Nationality:																									
Date of birth:	/		/		(date format DD/MM/YYYY)																				
Country of birth:																									
Address:																									
Country*:																P.O. Box No:									
County*:																									
District:																									
Village or city:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									

Representation details':

Representative type:	<input type="checkbox"/> Accountant <input type="checkbox"/> Brokers/Commission <input type="checkbox"/> Lawyer <input type="checkbox"/> Proxy <input type="checkbox"/> Other																								
Representative reason:	<input type="checkbox"/> Deceased					<input type="checkbox"/> Legally disabled					<input type="checkbox"/> Minor					<input type="checkbox"/> Insolvent					<input type="checkbox"/> Non-Resident				
	<input type="checkbox"/> Security					<input type="checkbox"/> Problem					<input type="checkbox"/> Other														
Send correspondence to representative:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								

(for tax authority)

Empowered person*: New Amend Remove

Natural person:

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.																								
First name*:																									
Middle name:																									
Last name*:																									
TIN:																									
Gender*:	<input type="checkbox"/> Female <input type="checkbox"/> Male										Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
ID document*:	<input type="checkbox"/> Driving license <input type="checkbox"/> Passport <input type="checkbox"/> Other															No*:									
ID doc. country:																									
Nationality:																									
Date of birth:	/		/		(date format DD/MM/YYYY)																				
Country of birth:																									

Address:

Country*:																P.O. Box No:									
County*:																									
District:																									
Village or city:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									

Empowered person*: New Amend Remove

Natural person:

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.																								
First name*:																									
Middle name:																									
Last name*:																									
TIN:																									
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male										Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
ID document*:	<input type="checkbox"/> Driving license <input type="checkbox"/> Passport <input type="checkbox"/> Other															No*:									
ID doc. country:																									
Nationality:																									
Date of birth:	/		/		(date format DD/MM/YYYY)																				
Country of birth:																									

Address:

Country*:																P.O. Box No:									
County*:																									
District:																									
Village or city:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									

(add more pages if needed)

Application additional part (M) Owner

(applicable for sole proprietorship)

Owner*: New Amend

Natural person:

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.																								
First name*:																									
Middle name:																									
Last name*:																									
TIN:																									
Gender*:	<input type="checkbox"/> Female <input type="checkbox"/> Male										Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
ID document*:	<input type="checkbox"/> Driving license <input type="checkbox"/> Passport <input type="checkbox"/> Other															No*:									
ID doc. country:																									
Nationality:																									
Date of birth:		/		/		(date format DD/MM/YYYY)																			
Country of birth:																									

Address:

Country*:																P.O. Box No:									
County*:																									
District:																									
City or village:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									

Application additional part (Q) Information for TAX authority

Trade name:

Main trade name:

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Fiscal year:

Start date* (DD/MM)	End date* (DD/MM)	Effective (years) (YYYY) <small>("From" is the same as registration year, in case of new; "To" only if enterprise is changing fiscal year)</small>				Transition year <small>(only if enterprise is changing fiscal year)</small>
		From*:		To:		<input type="checkbox"/>
		From:		To:		<input type="checkbox"/>
		From:		To:		<input type="checkbox"/>
		From:		To:		<input type="checkbox"/>

Business licenses:

Business license No	Business license type <small>(choose only the type of the licences indicated in the attached list)</small>	Start date	End date

Trade information:

Trade:	<input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Landlord <input type="checkbox"/> Other	<small>(mark all applicable)</small>
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Business size:

Size:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<small>(small: 200000 – 5000000 LD; medium: 5000000- 30000000 LD; large: 30000000 – over LD)</small>				
Annual turnover:	<table border="1" style="display: inline-table; border-collapse: collapse; width: 60px;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table> LD					
Turnover tax year:	<table border="1" style="display: inline-table; border-collapse: collapse; width: 60px;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table> LD					<small>(indicate turnover for the fiscal year)</small>

Bank account information tax:

Account No	Account holder	Bank name	Address (bank branch)	District	County

Branch additional information: (applicable for branches/subsidiaries only)

Head office:	<input type="checkbox"/>	<small>(applicable if the branch is head office between the branches)</small>		
Paying rent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>If yes, specify type</small>	Building type:	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Commercial