

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



Re - domiciliation

□ *Not for profit corporation*

Court order

□ Foundation

Trust

ENTERPRISE APPLICATION FORM FOR REGISTRATION (RF-001) Registration*: □ New registration □ Consolidation □ Change of particulars □ Change of name □ Change of name □ Dissolution □ Dissolution □ Change of name □ Dissolution □ Change of name □ Change of name □ Change of name □ Dissolution □ Change of name □ Dissolution □ Change of name □ Dissolution □ Change of name □ Change of name

Category*:

1. Identification

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Business corporation

□ *Foreign corporation*

Foreign maritime entity

Branch/subsidiary

PLEASE USE CAPITAL LETTERS TO FILL IN APPLICATION

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D Rescission of dissolution

Error correction

□ Partnership

□ Sole proprietorship

□ *Limited partnership*

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3. General information

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7. Mailing address (only if different from the registered address)

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

8. Enterprise activity

IS	5IC ((4 le	code evel)	Name* (use a name of the activity from ISIC code only)	Main*

9. Application additional parts

\Box (A) Empowered person	$\Box (I) Donor (s)$
\Box (B) Registered agent	\Box (J) Foundation assets
□ Same as applicant	\Box (K) Secretary, auditor
\Box (C) Board of directors	\Box (L) Partner(s)
$\square (D) Member(s)$	\Box (M) Owner
\Box (E) Incorporator(s)	□ Same as applicant
\Box (F) Shares and shareholder(s)	\Box (N) Re-domiciled
\Box (G) Principle office address and Lawful	\Box (0) Constituent
fiduciary / Legal representative	\Box (P) Dissolution / Rescission of dissolution
$\Box (H) Trustee(s)$	\Box (Q) Information for TAX authority
	\Box (R) Re-registration

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

(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)

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

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Application additional part (B) Registered agent

(not applicable for sole proprietorship)

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Application additional part (C) Board of directors

(applicable for limited liability company, business, foreign or not for profit corporation, or foundation if they have board of directors)

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(applicable for limited liability company, business, foreign or not for profit corporation, or foundation if they have board of directors)

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Application additional part (D) Member(s)

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(applicable for limited liability company and business corporation)

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Contribution type *(types: money, property, services or other)	Value*	Currency*
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(applicable for limited liability company and business corporation)

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Application additional part (E) Incorporator(s)

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(add more pages if needed)

Application additional part (F-1) Shares (applicable for limited liability company, business and foreign corporation or foreign maritime entity if they issue shares)

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'(for tax authority)

Number of shares*	Par value	Total	Is it preferred or common shares*' (for tax authority)
	$\Box LD$ $\Box USD$		□ Common'' □ Preferred'''
Designation:	·		
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" shares that give the right to vote and the right to the dividends

" shares that give only the right to the dividends

Class* (new row for different class of shares if there are more than one)	Number of shares*	Par value	Total	Is it preferred or common shares' (for tax authority)
□ Ordinary shares		$\Box LD$ $\Box USD$		Common''
□ Confer preferential rights to distributions of share capital or income share	Designation:			
Convertible shares	Preferences:			
□ Fractional shares				
□ Redeemable shares	Limitations:			
□ Shares provided for by resolution of board				
□ Other	Rights:			
□ Ordinary shares		$\Box LD$ $\Box USD$		□ Common'' □ Preferred'''
□ Confer preferential rights to distributions of share capital or income share	Designation:			
Convertible shares	Preferences:			
□ Fractional shares				
□ Redeemable shares	Limitations:			
□ Shares provided for by resolution of board				
□ Other	Rights:			
□ Ordinary shares		$\Box LD \\ \Box USD$		□ Common'' □ Preferred'''
□ Confer preferential rights to distributions of share capital or income share	Designation:			
Convertible shares	Preferences:			
□ Fractional shares				
□ Redeemable shares	Limitations:			
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□ Other	Rights:			
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Confer preferential rights to distributions of share capital or income share	Designation:			
Convertible shares	Preferences:			
□ Fractional shares				
□ Redeemable shares	Limitations:			
□ Shares provided for by resolution of board				
□ Other	Rights:			

`` shares that give a right to vote and a right to the dividends

" shares that give a right to the dividends

Application additional part (F-2) Shareholder(s)

(applicable for limited liability company, business and foreign corporation or foreign maritime entity if they issue shares)

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(applicable for limited liability company, business and foreign corporation or foreign maritime entity if they issue shares)

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Total for this shareholder*:

(date format DD/MM/YYYY)

(date format DD/MM/YYYY)

Application additional part (G) Principle office and Lawful fiduciary

(applicable for foreign corporation or foreign maritime entity)

Parent enterprise: Foreign parent code*: Foreign parent name*: Resident': \Box Yes \Box No for tax authority Principal office /business address: Country*: P.O. Box No: City*: Street, house No, or etc. Phone number: E-mail: Lawful fiduciary Type*:□ Natural person □ Legal person

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Natural or legal person's business address:

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Application additional part (H) Trustee(s)

(applicable for registration/amendment of trust, or in case of dissolution for any type of enterprise if the trustee is appointed)

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(applicable for trust only)

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(add more pages if needed)

Application additional part (I) Donor(s)

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Application additional part (J) Foundation assets

(applicable for foundation only)

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Street:						<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>				_	_	-			-	<u> </u>					<u> </u>
Location, house						<u> </u>		<u> </u>	<u> </u>								_					<u> </u>					<u> </u>
No:																		_	_								
Land line:														Fa	_												
Cell:														Tele.	x:												
E-mail:																											
Partnership details	s:																										
Interest*:				%	(par	rtner	s sha	are)		L	Date	wh	en l	pecan	ne po	artn	er*:	,		/			/				
									Da	te v	vhe	n sta	oppe	ed bei	ng p	oart	ner:	,		/			/				
																	'f	or ta	x au	hori	ty (d	ate fo	orma	t DE)/MN	1/YY	YY)

(Add more pages if needed)

Application additional part (M) Owner

Owner*:	l Ne	?W	C] Ar	nen	d																			
Natural person:																									
Suffix:	Dr.	. C		r.	D 1	Ms.		Mr	s.																
First name*:																									
Middle name:																									
Last name*:																									
TIN:																									
Gender*:	Fe	mal	le		M	ale				1	Mar	ital	sta	tus:		Sin	igle		Ma	arri	ed	Div	orc	ed	
ID document*:	Dı	rivii	ng li	icen	se		Pas	spo	rt		Othe	er	N	'o*:											
ID doc. country:																									
Nationality:																									
Date of birth:		/			/					(da	te foi	rmat	DD/	MM/	/YYY	Y)									
Country of birth:																									
Address:		-			-			-								-									
Country*:																	P.c). E	Box .	No:					
County*:																									
District:																									
City or village:																									
Street:																									
Location, house																									
No:																									
Land line:													F	ax:											
Cell:													Te	lex:											
E-mail:																									

(applicable for sole proprietorship)

Application additional part (N) Re-domiciled

	(applicable for registration of re-domiciliation)													
Re-domiciliation type*: Into Liberia Out of Liberia														
Re-domiciliation date*:	/ / (date format DD/MM/YYYY)	٦												

Jurisdiction:																								
Country*:																<i>P</i> .	<i>O. E</i>	Box	No:					
County*:																								
District:																								
City or village:																								
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No:																								
Land line:													Fax:											
Cell:												1	Telex:											
E-mail:																								
Registered agent:																								
Suffix:		Dr.		r.		Ms.		Mr.	<i>s</i> .	1											 1			
First name*:													_											
Middle name:																								
Last name*:																								
TIN:																								
TIN: Gender*:	<u> </u>	Fe] <i>M</i>							al s	tatus:		Sir	igle		Ma	arri	ed	Div	orce	ed	
	<u> </u>						Pas	spo	rt		1arite Other	al s	tatus: No*:		Sir	igle			arri	ed	Div	orce	ed	
Gender*:	<u> </u>						Pas.	spo.	rt			al s			Sir	igle			arri	ed	Div	orce	ed	
Gender*: ID document*:	<u> </u>						Pas.	spo	rt			al s			Sir	igle			arri	ed	Div	orce	ed	
Gender*: ID document*: ID doc. country:	<u> </u>						Pas	spo	rt		Other					igle			arri	ed	Div		ed	
Gender*: ID document*: ID doc. country: Nationality:	<u> </u>		rivir		se			spo	rt		Other		No*:						arri					
Gender*: ID document*: ID doc. country: Nationality: Date of birth:	<u> </u>		rivir		se		Pas.	spo	rt		Other		No*:											
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth:	<u> </u>		rivir		se			spo	rt		Other		No*:					Box						
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address:	<u> </u>		rivir		se		Pas.				Other		No*:											
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*:	<u> </u>		rivir		se						Other		No*:											
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: Country*:	<u> </u>		rivir		se		Pas.				Other		No*:											
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: Country*: District:	<u> </u>		rivir		se						Other		No*:											
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Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: Country*: District: City or village: Street: Location, house	<u> </u>		rivir		se						Other		No*:											
Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: Country*: District: City or village: Street: Location, house No:	<u> </u>		rivir		se						Other													
Gender*: ID document*: ID doc. country: Nationality: Date of birth: <u>Country of birth:</u> Address: Country*: Country*: District: City or village: Street: Location, house No: Land line:	<u> </u>		rivir		se						Other		No*:											

Application additional part (O) Constituent(s)

(applicable for	registration	of merger or	consolidation)

Merger/consolidation*:	Me	erge	r	Co	nso	lida	tion	ı	
Merger/consolidation date*:		/		/					(date format DD/MM/YYYY)
Description:									

constituenti.														
Enterprise code*:														
Enterprise name*:														

Constituent address:

Country*:										<i>P.</i> 0	Э. В	lox l	No:				
Country*: County*:																	
District:																	
City or village:																	
Street:																	
Location, house																	
No:																	
Land line:							F	Tax:									
Cell:							Tel	lex:									
E-mail:																	

Constituent:

Enterprise code*:														
Enterprise name*:														

Constituent address:

Country*: County*:										<i>P</i> .0). E	Box .	No:				
County*:																	
District:																	
City or village:																	
Street:																	
Location, house																	
No:																	
Land line:							F	Tax:									
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E-mail:																	

Constituent:																							
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Enterprise name*:																							
Enterprise nume .						_			 		 										 _		
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Constituent addres	<i>s</i> :																						
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County*:																							
District:																							
City or village:																							
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Location, house		-				_			 												 _		
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Enterprise name*:									 		 										 		
Constituent addres	s:																						
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County*:						_			 												 _		
District:						_			 	_											 _		
City or village:																							
Street:																							
Location, house																							
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Land line:											F	Tax:											
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E-mail:																							
Constituent:																							
Enterprise code*:		-	<u> </u>			_	 <u> </u>	-				$\left - \right $	-	$\left - \right $	-			<u> </u>	<u> </u>	$\left - \right $		-	
Enterprise name*:		-																					
Constituent addres	s:																						
Country*:															<i>P.C</i>	Э. <i>В</i>	lox .	No:					
County*:						_			 												 _		
District:						_			 												 _		
City or village:		-		-		_	 <u> </u>	\vdash				$\left - \right $	\vdash	$\left - \right $	\vdash				<u> </u>	$\left - \right $		-	
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Street:																							
Location, house																							
No:																							
Land line:											F	Tax:											
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Application additional part (P) Dissolution

Dute of line lution *:	(applicable for registration of dissolution procedure)									
Date of dissolution*:										
Cause of dissolution*:	□ Meeting of shareholders									
aissolution .	□ Consent without meeting									
	Dissolution before issuance of shares or beginning of business									
	Dissolution of corporation by court									
	Dissolution on failure to comply. Dissolution on failure to pay annual registration fee									
	or appoint or maintain registered agent									
	□ Erroneous annulment									
	□ <i>Petition to reinstate</i>									
	□ For merge									
	Partnership or limited partnership:									
	U Without violation of partnership agreement									
	□ In contravention of the partnership agreement									
	Unlawfulness of partnership									
	□ Death of partner									
	□ Bankruptcy									
	\Box Decree									
	Foreign corporation:									
	□ Termination of authority of foreign corporation: Surrender of authority									
	□ Termination of authority of foreign corporation: Termination of existence in foreign jurisdiction									
	□ <i>Revocation of authority to do business</i>									
	Foreign maritime entity:									
	□ <i>Termination by application to terminate</i>									
	□ Termination of existence in foreign jurisdiction									
	Revocation of authority to do business									
Description:										

Rescission of dissolution

(applicable for registration of rescission of dissolution procedure)

Cause of rescission*:	Erroneous annulment Detition to	reinstate
Date of rescission*:	/ / / (date f	ormat DD/MM/YYYY)
Description:		

Application additional part (Q) Information for TAX authority

Trade name:

Main trade name:														

Fiscal vear:

Start date* (DD/MM)	End date* (DD/MM)	("From" is th	Effective (he same as registrat if enterprise is ch	Transition year (only if enterprise is changing fiscal year)		
		From*:		To:		
		From:		To:		
		From:		To:		
		From:		To:		

Business licenses:

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

Trade information:

Trade: \Box Exporter \Box Importer \Box Landlord \Box Other(mark all applicable)
--

Business size:

Size:	ize:		(small: 200000 – 5000000 LD; medium: 5000000- 30000000 LD; large: 30000000 – over LD)						
Annual turnover:								LD	
Turnover tax year:								LD	(indicate turnover for the fiscal year)

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:		(applical	ble if the branch is	head office between th	ne branches)	
Paying rent:	\Box Yes \Box	No If y	yes, specify type	Building type:	□ Temporary	□ Permanent □ Commercial

Application additional part (R) Re-registration

(applicable for re-registration procedure)

Types of the enterp	prise:		
Current type*: '	 Limited liability company Business corporation Foreign corporation Foreign maritime entity 	 Partnership Limited partnership Not for profit corporation Trust 	□ Foundation
New type*:	 Limited liability company Business corporation Foreign corporation Foreign maritime entity 	 Partnership Limited partnership Not for profit corporation Trust 	□ Foundation

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