



# 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*:		(applicable if enterprise is registered in LBRS)
Name reservation No:		(applicable if the name was reserved in LBRS)
Enterprise name*:		
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:		
Parent code:	(applicable for registration of a branch/subsidiary only)	
Parent name:		

### 2. Applicant

Suffix:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	TIN:	
First name*:			
Middle name:			
Last name*:			
Position*:			
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:			
Applicant's address:			
Country*:		P.O. Box No:	
County*:			
District*:			
City or village:			
Street:			
Location, house No:			
Land line:		Fax:	
Cell:		Telex:	
E-mail:			

\* Please for **Liberian** address 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
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 (B) Registered agent

(not applicable for sole proprietorship)

Registered agent\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

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:																									

Legal person:

Registration number*:																									
Full name*:																									

Natural or legal person's business address:

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





## 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)

Member of board\*:  New  Amend  Remove

Natural person:	<input type="checkbox"/> Same as applicant (if the member of the board is the same as applicant mark check box and do not repeat 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:		

Member of board\*:  New  Amend  Remove

Natural person:	<input type="checkbox"/> Same as applicant (if the member of the board is the same as applicant mark check box and do not repeat 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:		

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

Member of board\*:  New  Amend  Remove

Natural person:  Same as applicant (if the member of the board is the same as applicant mark check box and do not repeat 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:																									

Member of board\*:  New  Amend  Remove

Natural person:  Same as applicant (if the member of the board is the same as applicant mark check box and do not repeat 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:																									

(add more pages if needed)





## Application additional part (E) Incorporator(s)

(applicable for limited liability companies, business, foreign or not for profit corporations)

Incorporator\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if the incorporator is the same as applicant mark check box and do not repeat person's data )

Suffix:  Dr.  Mr.  Ms.  Mrs.

First name\*:

Middle name:

Last name\*:

TIN:

Gender\*:  Female  Male Marital status:  Single  Married  Divorced

ID document\*:  Driving license  Passport  Other No\*:

ID doc. country:

Nationality:

Date of birth: / / (date format DD/MM/YYYY)

Country of birth:

Legal person:

Registration number\*:

Full name\*:

Natural or legal person's business address:

Country\*: P.O. Box No:

County\*:

District:

City or village:

Street:

Location, house

No:

Land line:

Fax:

Cell:

Telex:

E-mail:

(applicable for limited liability companies, business, foreign or not for profit corporations)

Incorporator\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if the incorporator is the same as applicant mark check box 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:																									

Legal person:

Registration number*:																									
Full name*:																									

Natural or legal person's business address:

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

(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)

Shares:

Share capital:																			Currency: <input type="checkbox"/> LD <input type="checkbox"/> USD
	(total capital is accumulated value of all classes of shares with the par value)																		
Total number of preferred shares':																			(total number of the preferred shares specified in the table below)
Total number of common shares':																			(total number of the common shares specified in the table below)
Total number of shares*:																			(total number of the issued shares)
Number of registered shares:																			(number of the registered/authorized shares)
Number of bearer shares*:																			(number of the owners of the shares)

'(for tax authority)

Shares list:

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)
<input type="checkbox"/> Ordinary shares <input type="checkbox"/> Confer preferential rights to distributions of share capital or income share <input type="checkbox"/> Convertible shares <input type="checkbox"/> Fractional shares <input type="checkbox"/> Redeemable shares <input type="checkbox"/> Shares provided for by resolution of board <input type="checkbox"/> Other			<input type="checkbox"/> LD <input type="checkbox"/> USD		<input type="checkbox"/> Common'' <input type="checkbox"/> Preferred'''
	Designation:				
	Preferences:				
	Limitations:				
	Rights:				
<input type="checkbox"/> Ordinary shares <input type="checkbox"/> Confer preferential rights to distributions of share capital or income share <input type="checkbox"/> Convertible shares <input type="checkbox"/> Fractional shares <input type="checkbox"/> Redeemable shares <input type="checkbox"/> Shares provided for by resolution of board <input type="checkbox"/> Other			<input type="checkbox"/> LD <input type="checkbox"/> USD		<input type="checkbox"/> Common'' <input type="checkbox"/> Preferred'''
	Designation:				
	Preferences:				
	Limitations:				
	Rights:				
<input type="checkbox"/> Ordinary shares <input type="checkbox"/> Confer preferential rights to distributions of share capital or income share <input type="checkbox"/> Convertible shares <input type="checkbox"/> Fractional shares <input type="checkbox"/> Redeemable shares <input type="checkbox"/> Shares provided for by resolution of board <input type="checkbox"/> Other			<input type="checkbox"/> LD <input type="checkbox"/> USD		<input type="checkbox"/> Common'' <input type="checkbox"/> Preferred'''
	Designation:				
	Preferences:				
	Limitations:				
	Rights:				

'' shares that give the right to vote and the right to the dividends

''' shares that give only the right to the dividends

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

Shareholder\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if shareholder is the same as applicant mark check box, enter shares information 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:												

Legal person:

Registration number*:												
Full name*:												

Natural or legal person's business address:

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

Shares:

Class*(choose from the class list filled in F-1 part)	Number of shares*	Start date* (when person obtained shares)	End date (when person transferred shares)
<b>Total for this shareholder*:</b>		(date format DD/MM/YYYY)	(date format DD/MM/YYYY)

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

Shareholder\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if shareholder is the same as applicant mark check box, enter shares information 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:																									

Legal person:

Registration number*:																									
Full name*:																									

Natural or legal person's business address:

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

Shares:

Class* (choose from the class list filled in F-1 part)	Number of shares*	Start date* (when person obtained shares)	End date (when person transferred shares)
<b>Total for this shareholder*:</b>		(date format DD/MM/YYYY)	(date format DD/MM/YYYY)

(add more pages if needed)







(applicable for trust only)

Trustee\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if trustee is the same as applicant mark check box and do not repeat person's data)

Suffix:  Dr.  Mr.  Ms.  Mrs.

First name\*:

Middle name:

Last name\*:

TIN:

Gender\*:  Female  Male Marital status:  Single  Married  Divorced

ID document\*:  Driving license  Passport  Other No\*:

ID doc. country:

Nationality:

Date of birth: / / (date format DD/MM/YYYY)

Country of birth:

Legal person:

Registration number\*:

Full name\*:

Natural or legal person's business address:

Country\*: P.O. Box No:

County\*:

District:

City or village:

Street:

Location, house

No:

Land line: Fax:

Cell: Telex:

E-mail:

(add more pages if needed)

## Application additional part (I) Donor(s)

(applicable for foundation only)

Donor\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if donor is the same as applicant mark check box, mark if service of documents address is the same 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:		

Legal person:

Registration number*:	
Full name*:	

Natural or legal person's business address:

Country*:		P.O. Box No:	
County*:			
District:			
City or village:			
Street:			
Location, house No:			
Land line:		Fax:	
Cell:		Telex:	
E-mail:			
Same address for service of documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(mark if document service address is the same as specified address)	

Address for service of documents: (only if different from the above specified address)

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

Donor\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if donor is the same as applicant mark check box, enter service of documents 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:		

Legal person:

Registration number*:	
Full name*:	

Natural or legal person's business address:

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

Same address for service of documents:  Yes  No (mark if document service address is the same as specified address)

Address for service of documents: (only if different from the above specified address)

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

(add more pages if needed)







## Application additional part (K) Secretary / Auditor

(applicable for foundation only)

**Secretary\*:**  New  Amend  Remove

Natural person:  Same as applicant (if secretary is the same as applicant mark check box 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:																									
City or village:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									

**Auditor\*:**  New  Amend  Remove

Natural person:  Same as applicant (if auditor is the same as applicant mark check box 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:																									
City or village:																									
Street:																									
Location, house No:																									
Land line:																Fax:									
Cell:																Telex:									
E-mail:																									



## Application additional part (L) Partner(s)

(applicable for partnership or limited partnership)

Partner\*:  New  Amend  Remove

Type\*:  Natural person  Legal person

Natural person:  Same as applicant (if partner is the same as applicant mark check box, enter partners information 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:																													

Legal person:

Registration number*:																									
Full name*:																									

Natural or legal person's business address:

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

Partnership details:

Interest*:			% (partners share)	Date when became partner*:		/		/																
				Date when stopped being partner*:		/		/																
										for tax authority (date format DD/MM/YYYY)														



## 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 (N) Re-domiciled

(applicable for registration of re-domiciliation)

Re-domiciliation type*:	<input type="checkbox"/> Into Liberia	<input type="checkbox"/> Out of Liberia	
Re-domiciliation date*:	/	/	(date format DD/MM/YYYY)

### Jurisdiction:

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

### Registered agent:

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 (O) Constituent(s)

(applicable for registration of merger or consolidation)

<i>Merger/consolidation*:</i>	<input type="checkbox"/> <i>Merger</i> <input type="checkbox"/> <i>Consolidation</i>	
<i>Merger/consolidation date*:</i>	/	/
<i>Description:</i>	<small>(date format DD/MM/YYYY)</small>	

### Constituent:

<i>Enterprise code*:</i>																									
<i>Enterprise name*:</i>																									

### Constituent address:

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

### Constituent:

<i>Enterprise code*:</i>																									
<i>Enterprise name*:</i>																									

### Constituent address:

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

Constituent:

Enterprise code\*:

Enterprise name\*:

Constituent address:

Country\*:

County\*:

District:

City or village:

Street:

Location, house

No:

Land line:

Cell:

E-mail:

P.O. Box No:

Fax:

Telex:

Constituent:

Enterprise code\*:

Enterprise name\*:

Constituent address:

Country\*:

County\*:

District:

City or village:

Street:

Location, house

No:

Land line:

Cell:

E-mail:

P.O. Box No:

Fax:

Telex:

Constituent:

Enterprise code\*:

Enterprise name\*:

Constituent address:

Country\*:

County\*:

District:

City or village:

Street:

Location, house

No:

Land line:

Cell:

E-mail:

P.O. Box No:

Fax:

Telex:

(add more pages if needed)

## Application additional part (P) Dissolution

(applicable for registration of dissolution procedure)

<i>Date of dissolution*:</i>	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> <i>(date format DD/MM/YYYY)</i>			/			/				
		/			/						
<i>Cause of dissolution*:</i>	<input type="checkbox"/> Meeting of shareholders <input type="checkbox"/> Consent without meeting <input type="checkbox"/> Dissolution before issuance of shares or beginning of business <input type="checkbox"/> Dissolution of corporation by court <input type="checkbox"/> Dissolution on failure to comply. Dissolution on failure to pay annual registration fee or appoint or maintain registered agent <input type="checkbox"/> Erroneous annulment <input type="checkbox"/> Petition to reinstate <input type="checkbox"/> For merge <input type="checkbox"/> For consolidation Partnership or limited partnership: <input type="checkbox"/> Without violation of partnership agreement <input type="checkbox"/> In contravention of the partnership agreement <input type="checkbox"/> Unlawfulness of partnership <input type="checkbox"/> Death of partner <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Decree Foreign corporation: <input type="checkbox"/> Termination of authority of foreign corporation: Surrender of authority <input type="checkbox"/> Termination of authority of foreign corporation: Termination of existence in foreign jurisdiction <input type="checkbox"/> Revocation of authority to do business Foreign maritime entity: <input type="checkbox"/> Termination by application to terminate <input type="checkbox"/> Termination of existence in foreign jurisdiction <input type="checkbox"/> Revocation of authority to do business										
<i>Description:</i>											

## Rescission of dissolution

(applicable for registration of rescission of dissolution procedure)

<i>Cause of rescission*:</i>	<input type="checkbox"/> Erroneous annulment <input type="checkbox"/> Petition to reinstate										
<i>Date of rescission*:</i>	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> <i>(date format DD/MM/YYYY)</i>			/			/				
		/			/						
<i>Description:</i>											









## Application additional part (R) Re-registration

(applicable for re-registration procedure)

---

*Types of the enterprise:*

*Current type\*:'*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>Limited liability company</i> | <input type="checkbox"/> <i>Partnership</i>                | <input type="checkbox"/> <i>Foundation</i> |
| <input type="checkbox"/> <i>Business corporation</i>      | <input type="checkbox"/> <i>Limited partnership</i>        |  |
| <input type="checkbox"/> <i>Foreign corporation</i>       | <input type="checkbox"/> <i>Not for profit corporation</i> |  |
| <input type="checkbox"/> <i>Foreign maritime entity</i>   | <input type="checkbox"/> <i>Trust</i>                      |  |

*New type\*:*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>Limited liability company</i> | <input type="checkbox"/> <i>Partnership</i>                | <input type="checkbox"/> <i>Foundation</i> |
| <input type="checkbox"/> <i>Business corporation</i>      | <input type="checkbox"/> <i>Limited partnership</i>        |  |
| <input type="checkbox"/> <i>Foreign corporation</i>       | <input type="checkbox"/> <i>Not for profit corporation</i> |  |
| <input type="checkbox"/> <i>Foreign maritime entity</i>   | <input type="checkbox"/> <i>Trust</i>                      |  |