

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)

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8. Enterprise activity

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(mark only one main activity)

^{&#}x27; Please for Liberian address choose county and district from the list.

9. Application additional parts

☐ (I) Donor (s) ☐ (J) Foundation assets ☐ (K) Secretary, auditor ☐ (L) Partner(s) ☐ (M) Owner ☐ Same as applicant ☐ (N) Re-domiciled ☐ (O) Constituent ☐ (P) Dissolution / Rescission of dissolution ☐ (Q) Information for TAX authority ☐ (R) Re-registration Iticant" if the person is the same as an applicant)
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☐ Instrument of change evidence
☐ Instrument of dissolution
□ Instrument of merger
□ Instrument of consolidation
☐ Memorandum of endowment
☐ Management articles
☐ Consent to act as officer
☐ Consent to act as secretary
☐ Declaration by the officers
☐ Statement of initial assets
☐ Partnership agreement
☐ Limited partnership agreement
□ Power of attorney
☐ Dissolution agreement
□ Others:

Page RF-001

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 (E) Incorporator(s)

(applicable for limited liability companies, business, foreign or not for profit corporations) □ New \square Amend \square Remove Incorporator*: □ Natural person □ Legal person Type*:☐ Same as applicant (if the incorporator is the same as applicant mark check box and do not repeat person's data) Natural person: \square Dr. \square Mr. \square Ms. \square Mrs. Suffix: First name*: Middle name: Last name*: TIN: \square Male ☐ Single ☐ Married ☐ Divorced Gender*: \square Female Marital status: \square Driving license \square Passport \square Other No*: ID document*: ID doc. country: Nationality: / / (date format DD/MM/YYYY) Date of birth:

Country of birth: Legal person: Registration number*: Full name*: Natural or legal person's business address: P.O. Box No: Country*: County*: District: City or village: Street: Location, house No: Fax: Land line: Cell: Telex: E-mail:

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Date of birth:			/_			/					(da	te fo	rmat	DD_{ℓ}	/MM/	/YYY	YY)											
Country of birth:																							$\lceil \rceil$					
Legal person:																												
Registration numb	er*.																						Т					
Full name*:					\vdash	\vdash							\square										\vdash	\Box				
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		\Box								П		М											\top	\Box				
Natural or legal p	erso	n's	bus	ines	ss a	ddr	ess:																					
Country*:																		P. 0	Э. <i>В</i>	ox l	No:		\Box					
County*:																												
District:																								П				
City or village:																								П				
Street:													\Box											\Box				
Location, house																								П				
No:																								П				
Land line:														F	ax:									П				
Cell:													\Box	Tel	lex:									\Box				
E-mail:																												
		П											П															

(add more pages if needed)

Application additional part (G) Principle office and Lawful fiduciary (applicable for foreign corporation or foreign maritime entity)

Parent information/Principal office /business address:

Parent enterprise:																									1	
Foreign parent cod	de*:																									
Foreign parent nat	me*	:																								
Resident':				Yes	, [J N		' for	tax	auth	ority															
Principal office /bi	usin	ess	ada	ress	s:																	 				
Country*:																	P.0	Э. <i>Е</i>	ox.	No:						
City*:																										
Street, house No,																										
or etc.																										
Phone number:																										
E-mail:																										
																	\neg									\Box
Lawful fiducia	ry																									
Type*:		Nai	tura	ıl pe	erso	n		ega	l pe	erso	n															
Natural person:																										
Suffix:		Dr.		$\supset M$	r.		Ms.		Mr	s.																
First name*:																										
Middle name:																										
Last name*:																										
11/V:						1	1																			
TIN: Gender*:		Fei	mal	 'е		⊥] <i>M</i> .	ale				1	Mar	ital	sta	tus:	Sin	ole.		M_{ℓ}	arri	ed.	Div	orce	<u>-</u>		
Gender*:	_	Fer] M		Pas	sno	rt						Sin	gle		Mo	arri	ed	Div	orce	ed		
Gender*: ID document*:	_			le 1g li				Pas	spo	rt					tus: o*:	Sin	gle		Mo	arri	ed	Div	orce	ed		
Gender*: ID document*: ID doc. country:	_							Pas	spo	rt						Sin	gle		Mo	arri	ed	Div	orce	ed		
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Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Legal person: Registration numb		Dr	ivii			ise		Pas	spo	rt		Othe	er	N	o*:		gle		Me	arri	ed	Div	orce	ed		
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Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Legal person: Registration numb Full name*: Natural or legal per Country*: Country*: Country*: District: City or village:	er*:	Dr	/	ng li	icer	/ /			spo	rt		Othe	er	N	o*:							Div		ed		
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Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Legal person: Registration numb Full name*: Natural or legal per Country*: Country*: County*: District: City or village: Street: Location, house No: Land line:	er*:	Dr	/	ng li	icer	/ /			spo	rt		Othe	er	N DDD/A	MMM/							Div		ed		

Application additional part (Q) Information for TAX authority

Trade name:															
Main trade name	e:														\perp
Fiscal year:															
Start date* (DD/MM)	End date* (DD/MM)	("Eno	m" is the	same a	Is registr	ation ye	s) (YYYY) ar, in cas g fiscal y	e of nev	v; "To" d	only		f enterp	ition y prise is al year)	chang	ing
		Fron	n*:				To:								
		Fro	m:				То:								
		Fro	m:				То:								
		Fro	m:				То:								
Business licen	ises:	'	,			,		•		'					
Business lice	ense No	Busines.	s license cences inc					the	Star	rt date	e		End c	late	
Trade informa	ation:														
Trade:	□ Expo	rter 🗆 In	ıporter	$\Box L$	andlor	d 🗆	Other	(m	ark all a _l	plicab	ole)				
Business size:															
Size:		l □ Medi	um 🗆	Large			00 – 5000 000 – ove		; mediun	n: 5000	0000- 30	0000000	———) <i>LD</i> ;		
 Annual turnover:	:					LD									
Turnover tax yea	ır:					LD	(indicate	turnov	er for the	fiscal	year)				
Bank account	informati	on tax:													
Account No	Accoun	t holder	Ва	nk nai	те		dress (b branch		1	Distri	ct		Сои	ınty	
						,	oranch,	<i>,</i>							
Duanak additi	on al inf	na ati s										•			
Branch additi Haad offica:	onal infor	mation: (applicable)							.)						
Head office: Paying rent:		No If ye					$pe: \square$			$\Box Pe$	rmane	nt \square	Comi	 nerci	al