



# 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.





## 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 (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 (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:																														



