

# 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 Court order

Trust

□ *Not for profit corporation* 

#### **ENTERPRISE APPLICATION FORM FOR REGISTRATION (RF-001)** Registration\*: □ New registration □ Renewal □ Merger Consolidation □ *Change of particulars* □ Change of name □ Change of name $\Box Re - registration$ Dissolution □ Change of name

Category\*:

□ *Limited liability company* 

Business corporation

□ Foundation □ Foreign corporation □ *Limited partnership* □ Foreign maritime entity □ Branch/subsidiary **1. Identification** PLEASE USE CAPITAL LETTERS TO FILL IN APPLICATION (applicable if enterprise is registered in LBRS) (applicable if the name was reserved in LBRS) Name reservation No:

**D** Rescission of dissolution

Error correction

□ Partnership

□ Sole proprietorship

*Corporate part\*:* 

Enterprise code\*:

Enterprise name\*:

LLC L.L.C. Limited Liability Company (applicable for limited liability company only)  $\Box$  *LTD*  $\Box$  *Inc*  $\Box$  *Corp*  $\Box$  *Co*  $\Box$  *Incorporated*  $\Box$  *Corporation*  $\Box$  *Company*  $\Box$  *Limited* (applicable for business corporation only)

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#### Applicant

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

### **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)
$\Box (D) Member(s)$	$\Box$ (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	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	□ 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

#### $Empowered \ person*: \ \Box \ New \ \Box \ Amend \ \Box \ Remove$

Natural person:		Sar	ne i	as a	ppl	icar			empo s and								pplic	cant i	nark	che	ck b	ox, e	enter	repr	esen	tatior	ı
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to representative:

Send correspondence

 $\Box$  Security

 $\Box$  Yes  $\Box$  No

 $\square$  Problem

('for tax authority)

reason:

#### Empowered person\*: $\Box$ New $\Box$ Amend $\Box$ Remove

Natural person:																									
Suffix:	Dr	. C		r.	$\Box I$	As.		Mr	s.													 			 
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#### Empowered person\*: New Amend Remove

Natural person:																									
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(add more pages if needed)

# Application additional part (B) Registered agent

(not applicable for sole proprietorship)

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Natural person: Suffix: First name*: Middle name: Last name*: TIN: Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: County*: District: City or village: Street: Location, house No:		Sam Dr.	ve a	ıs ap	ppli	ican	nt (if Ms.		itor i Mr	s.		Mar Dthe	ital er	sta N	//////////////////////////////////////		Sin											
Natural person: Suffix: First name*: Middle name: Last name*: TIN: Gender*: ID document*: ID doc. country: Nationality: Date of birth: Country of birth: Address: Country*: Country*: Country*: District: City or village: Street: Location, house		Sam Dr.	ve a	ıs ap	ppli	ican	nt (if Ms.		itor i Mr	s.		Mar Dthe	ital er	star N	tus: /o*:		Sin											

# Application additional part (K) Secretary / Auditor

## 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)
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#### Business size:

Size:	□ Small □ M				Me								0 – 5000000 LD; medium: 5000000- 30000000 LD; 100 – 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:		(app	v	nead office between the branches)						
Paying rent:	$\Box$ Yes $\Box$	No	If yes, specify type	Building type:	□ Temporary	□ Permanent	Commercial			