

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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Parent name:																					

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

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

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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:																									
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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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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			