

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													
☐ New registration	on			☐ Merger☐ Change of name									
☐ Renewal				Re-registration Change of									
Change of Partic	culars \square_{Cl}	hange of name		name									
		Dissolution	name	Re-domiciliation									
		Rescission of dissolution		Court order									
		Error Correction											
CATEGORY													
Limited liability	company	Sole proprietorship	Not for pro	ofit corporation									
Business corpord		partnership Trust											
Foreign		☐ Limited partnership ☐ Foundation											
	ļī	☐ Branch/subsidiary											
IDENTIFICATION:		LEASE USED CAPITAL LE	I IEK IU FILL I	IN THE APPLICATION									
ENTERPRISE CODE													
ENTERPRISE NAME													
CORPORATE PART LLC LLL.C LIMITED LIABILITY COMPANY (applicable for limited liability company only)													
LTD			oration 🔲 Con	npany Limited									
	1 —	(applicable for business											
TIN:		(II J	1 27										
PARENT CODE:													
PARENT NAME													
Full Name													
Gender		Female		Male \square									
Email Address			Phone Num	ber									
Address													
Applicant Signature													
IGLG GODE (A GTW WT)	(CODE)	Billing form (official use only) ENTERPRISE ACTIVITIES											
ISIC CODE (ACTIVITY	(CODE)	ENTERPRISE ACTIVI	TIES										

APPROVED

1																												
Ownership:		Libe	eria	n		For	eig	n		No	atur	aliz	ed l	Libe	riar	1												
Nationality:																												
		\top	$^{+}$	\dashv	+	\top	\forall	\dashv	\dashv	\dashv					\dashv													
	\vdash	+	+	+	+	+	+	-	_	_					\rightarrow													
	(арр.	licab	le if	forei	ign o	wne	rshij	o, in	dica	te al	l nat	iona	lities)														
Date of intended commencement of operation:											/	T	T	/			$\overline{}$		(dat	e for	mat	DD/	MM,	YYY	<u>Y)</u>			
Registration date	:			/			/					(ap	plica	ible	only j	for a	an en	terp	rises	alre	ady	regis	tere	d in	Libe	ria)		
Incorporation dat	te:			/			/					(for	limi	ted l	iabili	ity c	ompo	ıny,	forei	gn c	orpo	ratio	n or	mar	itime	enti	ity)	
Formation date:				/			/					(for domestic limited liability company only)																
Dissolution date:				/			/					(for limited liability company and business corporation)																
Duration:		fro	m:				/			/						t	o:				/			/				
4. Employmen	nt																											
Planned number of employ		vee	s*:						Total*							Foreigners									Liberian			
																		- 6										
5. Capital			_					_		_				_						-				_				
Total capital*:																				Cui	rren	cy*	:		LD		U	SD
6. Registered	add	res	s a	ohysi	cal a	ıddre	ess o	f the	bus	iness	5)																	
Country*:	L	I	В	E	R	I	A											<i>P</i> .	O. I	3ox	No:							
County*:'																												
District:																												
Village or city:																												
Street:								T		T	\top	\top																
Location, house																												
No:																												
Land line:								T		T				1	Fax:													
Cell:														Te	elex:													
E-mail:											T	\top																
Same mailing add		1 Ye	S		No	(ma	irk if	mai	ling	addr	ess i	s the	sam	e as	regi	stere	d ad	dres:	s)									

'Please choose county and district from the list.

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