



Ownership:  
Nationality:

<input type="checkbox"/> Liberian		<input type="checkbox"/> Foreign		<input type="checkbox"/> Naturalized Liberian	
( applicable if foreign ownership, indicate all nationalities)					

Date of intended commencement of operation:      /      /      (date format DD/MM/YYYY)

Registration date:      /      /      ( applicable only for an enterprises already registered in Liberia)

Incorporation date:      /      /      (for limited liability company, foreign corporation or maritime entity)

Formation date:      /      /      (for domestic limited liability company only)

Dissolution date:      /      /      (for limited liability company and business corporation)

Duration:      from:      /      /      to:      /      /

**4. Employment**

Planned number of employees\*:      Total\*      Foreigners      Liberians

**5. Capital**

Total capital\*:      Currency\*:       LD       USD

**6. Registered address** (physical address of the business)

Country*:	L	I	B	E	R	I	A	P.O. Box No.:												
County*:																				
District*:																				
Village or city:																				
Street:																				
Location, house No.:																				
Land line:								Fax:												
Cell:								Telex:												
E-mail:																				

Same mailing address:       Yes       No (mark if mailing address is the same as registered address)

\* Please choose county and district from the list.