



COMPANIES REGISTRY
Companies Act 2011
Section 87 (7) & (8)
Reinstatement form

1. Person presenting this application

Name		ID
Physical address		
Postal address		
Telephone number	Email	

2 Name of existing company

Company name and number	
<i>Original date of incorporation</i>	
<i>Tax Identification Number</i>	

3 Type of Company(tick the appropriate box)

Private Company	<input type="checkbox"/>
<i>Public Company</i>	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>

4 Share capital and number of shares

Share capital	
Total number of issued shares	

Financial Year End (DD/MM/YY)



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5 Main Business activities

6 Registered office

– physical address

Street name/Chief's name;

Village;

District;

– postal address

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7 Main business address

– physical address

<input type="checkbox"/>	<i>Tick if same as the registered office. If not, give details below</i>
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Street name/Chief's name;

Village;

District;

– postal address

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Telephone number

	fax
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e-mail address

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8 Service address

Where may legal documents be served on the company? (*tick at least one*)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

At the registered office

At the main business address (if not the registered office)

On a director or agent as indicated below



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NB: this application should be accompanied by original certificate of incorporation and certified copies of shareholders and directors identification documents.



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