

REPUBLIC OF SIERRA LEONE

SEE PAGE 3 & 4 FOR GUIDANCE NOTES

Corporate Affairs Commission

(Established under the Companies Act No.5 of 2009 and Business Registration Act. 2007)

Application for Incorporation, Registration of New Business, and Issuance of Taxpayer Identification Number (TIN) and Municipal License.

Section A ———————————————————————————————————
1. The Business Name
1. The Dustiness Traine
2. Registration Type (Mark X in appropriate box) : Limited Liability Limited by Guarantee
3. Type of Legal Entity: Local Foreign Private Public
Other if other specify:
4. Business Location Address Street
City /Town District
5. Postal Address
P.O. Box Street
City/Town District District
6. Telephone No and E-mail Address of Business: Land line Mobile
E-Mail Address
7. Activity/Industrial Classification (Mark X in appropriate box): Services Manufacturing Farming/Fisheries
Commerce Transport/Communication Finance/Insurance/Real Estate Construction Banking Mining Government Other If other specify
8. Describe your Business Activity/Nature of Business:
9. The Capital employed in the business (including all Branches of Sierra Leone) with details of
i. Nominal issue Capital In Words
In figures
ii. Business estimate turnover for the twelve month form date of commencement of business: in words
In figures
10. Auditor /Accountant
11. Name of contact person
12. Name of person authorise to accept and receive document
13. Address of person authorise to accept and receive document
14. Name of Secretary
15. Address of Secretary
16. Full particulars of any branch(es) or other place(s) of business in Sierra Leone
Branch Address 1
Addices 1

Branch Address 2
Address 2
Section B Shareholder 1
Particular of Shareholders 17. Title (Mark x in appropriate box) Mr. Mrs. Miss Surname
First name Middle Name
Occupation Date of birth Sex M F
Nationality ID/Passport No. Percentage of shares % Shareholder 2
17. Title (Mark x in appropriate box) Mr. Mrs. Surname Surname
First name Middle Name
Occupation Date of birth Sex M F
Nationality ID/Passport No. Percentage of shares % Shareholder 3
17. Title (Mark x in appropriate box) Mr. Mrs. Surname Surname
First name Middle Name
Occupation Date of birth Sex M F
Nationality ID/Passport No. Percentage of shares %
Shareholder 4
17. Title (Mark x in appropriate box) Mr. Mrs. Surname Surname
First name Middle Name
Occupation Date of birth Sex M F
Nationality ID/Passport No. Percentage of shares %
Note: Please attached photocopy of your National ID/ Passport and residential permit Attach additional copy of shareholders information
18. Particular of each company that is a shareholder
Company Name:
Address
Local Company
19. Date of Commencement of business
20. Note: for Promoter I

<u>FOR NRA OFFICIAL US</u>	E ONLY
21. Date of Issue 22. Data Entry By:	
23. Trade Activity Classification 24. Tax Dis	strict
25. TIN Assigned to Company -	
FREETOWN CITY COUNCIL OFF	ICIAL USE ONLY
26. Type of Business FREETOWN CITY COUNCIL OFF	ICIAL USE ONLY
26. Type of Business	Anded Le:

GUIDANCE NOTES

- ✓ This form is to be completed for company other than Sole Proprietorships or Partnership.
- ✓ Section B is for shareholders details and attach photocopies of National ID Card/Passport/Driver's License for Sierra Leoneans and in the case of Non-Sierra Leoneans photocopies of Certificate of Registration, Passport and Residence Permit.
- ✓ Please ensure that originals of photocopy attachments are presented for inspection as a basis for authentication of the photocopies at the NRA office when you are submitting the application.

Section A

- 1. Enter name of business as entered as you want it to appear in the business registration certificate
- 2. Limited Liability Company is a profit making company and Limited by guarantee is a non profit making company.
- 3. Type of business Ownership: Local, Foreign private or public Limited Company. If your business does not correspond to one of these boxes then you are probably a Sole Proprietorship or Partnership and you must fill a different form.
- 4. Physical location of principal place where business is conducted (i.e. head office if business is conducted at two or more places). Provide street address and leave out phrases like "near bridge" etc.
- 5. Details of person's address- Post Office Box number, town (or area) and district in which post office is located. District could be one of the following: Western Area Urban, Western Area Rural, Kailahun, Kenema, Kono, Bombali, Kambia, Koinadugu, Port Loko, Tonkolili, Bo, Bonthe, Moyamba or Pujehun.
- 6. Current E-mail address, numbers of land–line and mobile phone of the business.
- 7. Activity /industrial classification: Mark **X** in appropriate box.

- 8. Describe business activities with main activity first. Please be specific.
- 9. The money/asset you have or wish to have to invest in the Company. Estimate Turnover means The estimate of annual sales.
- 10. Name of External Auditor / Accountant of the business.
- 11. Name of contact person: A person in management position in the business, who interacts regularly with OARG, NRA and FCC on registration and tax issues.
- 12-13 The name and address of the person who should received and do correspondence on behalf of the company
- 14-15. Name and address of the secretary of the company
- 16. Full detail of any other place(s) with business is operated in Sierra Leone
- 17. Enter the following details for each shareholder
 - Tick appropriate title and write full name, beginning with surname.
 - Date of birth beginning with day, followed by month and year in that order.
 - Mark **X** in box for male or female.
 - Sierra Leonean to provide Photocopy of National ID Number (or passport / driver's license if applicant has one). Non-nationals of Sierra Leone are to provide passport number and residence permit
 - 18. Details of a company that is a shareholder
 - 19. The date you started/will start operation
- 20. To be completed by promoter of a company (Shareholder). Promoter Should fill his full name, sign and date
 - 21-26. DO NOT FILL THESE SECTIONS 20-26