TURKS AND CAICOS ISLANDS FINANCIAL SERVICES COMMISSION



BUSINESS NAMES (REGISTRATION) ORDINANCE APPLICATION FOR REGISTRATION

INSTRUCTIONS: Fill out ALL required fields							
Section A- Business Information (General information for the business. This section is mandatory)							
1. <u>Commencement</u> <u>Date</u>							
		Dd/mmm/yyyy					
2a. Name of Business		3a. Provide any Other Name (where applicable)					
Za. Name of Business		3a.110vide any Other Ivanie (where applicable)					
2b. Justification of Busine	ess Name (where applicable)	3b. Justification of Other Name (where applicable)					
4 T II - D I							
4a. <u>Indicate Business</u> Type	Sole Proprietor	4b. <u>State the number of branches and complete Schedule A</u> <u>for each branch.</u>					
	Sole Proprietor – Corporation						
	Partnership						
	1 difficiently						
5a. <u>Principal Place</u> of Business	Same as Actual Business Location Same as Mailing Address	5b. Actual Business Location (If Different)					
Location		Location					
		Location Location					
S	Building/Complex/Apt/Suite	Building/Complex/Apt/Suite					
Street		Street					
<u>Number</u>	<u>Name</u>	Number Name					
Town/City		Town/City					
		」					
	Town/City	Town/City					
<u>Island</u>		<u>Island</u>					
		-					
Country		Country	一				
		<u> </u>					

5c. Office Rec	ords Location	Registered Address Actual Business Location						
6a. <u>Tel</u> No.	6b. <u>Cell No.</u> 6c. <u>Fax</u>							
6d. Email Addr								
7. Nature of	Business							
Section B - 1 partners)	Proprietors Information	on – Individuals	S (Complete	Schedule B if t	here are r	nore than 2 Individual		
8a. <u>Name</u>								
	First			Middle	10	Last		
Former Name					Reason for Change			
	First				Marriage Deed poll			
Job Title/Occup	pation		Pre	sent Nationality				
				L				
Tel.	Cell.	Fem		ginal Nationality				
Sex	Male	rem	<u></u>					
Location								
_			Building/C	omplex/Apt/Suite				
<u>Street</u>								
_	<u>Number</u>			<u>Name</u>				
Town/City								
	Town/City							
<u>Island</u>								
Country								
			the Registration of	of Business Name (Ordinance, ii	n respects of matters precedent to the		
Signature	formation of a business name have been complied with. Signature Date Signed							
		<u> </u>			<u> </u>			
8b. <u>Name</u>								
	<u>First</u>			<u>Middle</u>		<u>Last</u>		
Former Name						Reason for Change		
	First			Last		Marriage Deed poll		
Job Title/Occup	pation			Present Nationality				
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<u>Tel.</u>		Cell.	<u>Original</u> Nationality				
Sex	Male	Female	<u>runommy</u>				
Location							
	Building/Complex/Apt/Suite						
Street							
Town/City	<u>Number</u>		<u>Name</u>				
			Town/City				
<u>Island</u>							
Country							
To the best of t	ny knowlodgo and bol	iof all the requirements of the	Pagistration of Pusings Nama Ordinance in re	espects of matters precedent to the formation of a			
	have been complied w			espects of matters precedent to the formation of a			
<u>Signature</u>			<u>Date Signed</u>				
Section C-	Proprietors Inf	formation – Compan	ies (Complete ONLY if there is a Complete ONLY if the Complete ONLY if t	Corporation) (Complete Schedule C if			
	re than 1 Corpor		` 1	1 / \ 1			
9.Company	Name						
Company Re	eg Number		Date Incorpo	rated			
<u>Company</u> IX	<u></u>		<u>Bute incorpo</u>				
Location				Dd/mmm/yyyy			
			D. 11: (C. 1. (A. (C.))				
Street			Building/Complex/Apt/Suite				
	Number		Name				
Town/City	<u>ivumber</u>		inume				
			Town/City				
P.O Box	Cou	intry					
Telephone 1			Telephone 2				
Telephone 1			Telephone 2				
				rements of the Business Names (Registration)			
Ordinance, in Name	respect of matters p	precedent to the formation of	of a business name have been complied wi	th.			
<u>Ivaille</u>							
Composite		<u>Last</u> Director	<u>First</u>	<u>Middle</u> Authorised Official			
Capacity		Director	Secretary	Authorised Official			
<u>Signature</u>							
Date Signed	<u> </u>						
Section D			_				
Name	- rued by		1				
1,02110		FORM 1 – APPLICATION	ON FOR REGISTRATION – VERSION JANG	UARY 2021			
			Page 3 of 4				

E:1 A d d	Last First				Middle			;	
Email Addre	ess					Teleph	none		
Declarant ID									
Driver'	's License	TC	I Status Card]	Passport		NIB		NHIP
ID#		ID#		ID#		ID#		ID#	
Expiry Date		Expiry Date		Expiry Date		Expiry Date		Expiry Date	
Date		Date		Date		Date		Date	
	llection Authorisa	tion							
I hereby autho	orize:.								
to collect the c	certificate on my b	ehalf upon	submission of identi	fication					
					G OFFICER				
Officer's Nam	e	n	(Cate		USE ONLY) narks				
Officer 5 Tuni			ate	Rei	Harks				
Officer's Sign	ature								
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