



COMPANIES REGISTRY

FORM 36

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
SECTION 260 (3)
APPLICATION FOR RESTORATION**

COMPANY DETAILS

REGISTRATION NUMBER:

COMPANY NAME:

DATE COMPANY STRUCK OFF THE REGISTER:

APPLICATION FOR THE RESTORATION OF THE COMPANY IS BEING MADE BY :

COMPANY

MEMBER OF THE COMPANY

CREDITOR OF THE COMPANY

LIQUIDATOR OF THE COMPANY

NAME AND ADDRESS OF APPLICANT

NAME:

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

TELEPHONE/FAX

E-MAIL

PLEASE STATE THE REASON WHY THE COMPANY SHOULD BE RESTORED TO THE REGISTER:

DETAILS OF PERSON SIGNING ON BEHALF OF APPLICANT:

NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE FILED: _____

RECEIVED BY: _____

FEE PAID: **YES** **NO**

ACTION TAKEN:

DATE ACTION TAKEN:

NOTE:
THE REGISTRAR HAS NO DUTY EXCEPT TO THE EXTENT PROVIDED BY THE ORDINANCE TO VERIFY THAT THE ARTICLES OR OTHER DOCUMENTS COMPLY WITH THE ORDINANCE. COMPANIES ARE REMINDED OF THEIR LEGAL REQUIREMENT TO MAINTAIN PROPER AND UPDATED RECORDS. THE COMMISSION EXPECTS THAT DOCUMENTS FILED WITH THE REGISTRY WILL BE ACCURATE.