



COMPANIES REGISTRY
FORM 37

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
SECTION 263
APPLICATION TO RESTORE DISSOLVED
COMPANY**

COMPANY DETAILS

Registration Number

Company Name

DECLARATION

NOTICE IS HEREBY GIVEN THAT IN MY CAPACITY AS ,

- LIQUIDATOR MEMBER DIRECTOR
 CREDITOR REGULATOR OTHER

I HAVE OBTAINED AN ORDER RESTORING THE ABOVE COMPANY ON

DD/MM/YYYY

DECLARANT DETAILS (where the declarant is an individual the name must be represented as FIRST MIDDLE LAST)

FULL LEGAL NAME

FULL FORMER NAME (S) - Individuals

USUAL ADDRESS or

STREET

REGISTERED OFFICE
ADDRESS

TOWN/CITY

STATE/ISLAND

P.O. BOX

ZIP CODE

COUNTRY

THE FOLLOWING ARE ATTACHED TO THIS FORM

COURT ORDER GRANTING RESTORATION OF COMPANY

DETAILS OF PERSON FILING APPLICATION:

NAME: _____

JOB TITLE/POSITION: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE FILED: _____

RECEIVED BY: _____

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.
