



COMPANIES REGISTRY

FORM 9

TURKS AND CAICOS ISLANDS COMPANIES ORDINANCE 2017 NOTICE OF FIRST MEMBERS

COMPANY DETAILS

Registration Number	Company Name

NOTICE IS GIVEN THAT ON _____, THE FOLLOWING PERSON(S) BECAME MEMBERS OF THE ABOVE COMPANY.

Member # (where the Member is an individual the name must be represented as FIRST MIDDLE LAST)

MEMBER TYPE

- MEMBER WITH SHARES
- GUARANTEE MEMBER
- GUARANTEE MEMBER WITH SHARES
- UNLIMITED MEMBER
- UNLIMITED MEMBER WITH SHARES

FULL LEGAL NAME	FULL FORMER NAME (S) - Individuals

FULL RESIDENTIAL ADDRESS or REGISTERED OFFICE ADDRESS	STREET		
	TOWN/CITY		STATE/ISLAND
	P.O. BOX	ZIP CODE	COUNTRY

CURRENT NATIONALITY	OCCUPATION

CLASS OF SHARES	NUMBER OF SHARES

Guarantee Member: State the amount which the member is liable to contribute to the company's property in the event that a voluntary liquidator or an Insolvency Ordinance liquidator is appointed whilst the person is a member

Currency

Amount

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MEMBER TYPE

- MEMBER WITH SHARES
 GUARANTEE MEMBER
 GUARANTEE MEMBER WITH SHARES
 UNLIMITED MEMBER
 UNLIMITED MEMBER WITH SHARES

FULL LEGAL NAME

FULL FORMER NAME (S) - Individuals

FULL RESIDENTIAL ADDRESS or

STREET

TOWN/CITY

STATE/ISLAND

REGISTERED OFFICE ADDRESS

P.O. BOX

ZIP CODE

COUNTRY

CURRENT NATIONALITY

CLASS OF SHARES

OCCUPATION

NUMBER OF SHARES

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FULL LEGAL NAME

FULL FORMER NAME (S) - Individuals

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	TOWN/CITY		STATE/ISLAND
	P.O. BOX	ZIP CODE	COUNTRY
CURRENT NATIONALITY		OCCUPATION	
CLASS OF SHARES		NUMBER OF SHARES	
Guarantee Member: State the amount which the member is liable to contribute to the company's property in the event that a voluntary liquidator or an Insolvency Ordinance liquidator is appointed whilst the person is a member			
Currency			Amount
<i>CONTINUATION PAGE(S) ATTACHED</i> YES <input type="checkbox"/> NO <input type="checkbox"/>			<i>NO. OF PAGE (S) ATTACHED</i> <input style="width: 50px;" type="text"/>
REGISTERED AGENT: <input style="width: 600px;" type="text"/>			
DETAILS OF PERSON SIGNING ON BEHALF OF REGISTERED AGENT:			
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.