



COMPANIES REGISTRY

FORM 12

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
NOTICE OF CHANGE OF MEMBERSⁱ
MEMBER WITHOUT SHARES**

COMPANY DETAILS

Registration Number Company Name

MEMBER TYPE

UNLIMITED MEMBER

GUARANTEE MEMBER

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

CURRENT NATIONALITY

OCCUPATION

GUARANTEE/UNLIMITED MEMBER

1) State the date on which the person became a member

(DD/MM/YYYY)

(2) State the date on which the person ceased being a member

(DD/MM/YYYY)

(3) 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

MEMBER TYPE			
<input type="checkbox"/> UNLIMITED MEMBER		<input type="checkbox"/> GUARANTEE MEMBER	
FULL LEGAL NAME		FULL FORMER NAME (S) - Individuals	
USUAL ADDRESS or REGISTERED OFFICE ADDRESS	STREET		
	TOWN/CITY		STATE/ISLAND
	P.O. BOX	ZIP CODE	COUNTRY
CURRENT NATIONALITY		OCCUPATION	
GUARANTEE/UNLIMITED MEMBER			
1) State the date on which the person became a member		(DD/MM/YYYY)	
2) State the date on which the person ceased being a member		(DD/MM/YYYY)	
(3) 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
MEMBER TYPE			
<input type="checkbox"/> UNLIMITED MEMBER		<input type="checkbox"/> GUARANTEE MEMBER	
FULL LEGAL NAME		FULL FORMER NAME (S) - Individuals	
USUAL ADDRESS or REGISTERED OFFICE ADDRESS	STREET		
	TOWN/CITY		STATE/ISLAND
	P.O. BOX	ZIP CODE	COUNTRY
CURRENT NATIONALITY		OCCUPATION	
GUARANTEE/UNLIMITED MEMBER			

1) State the date on which the person became a member	(DD/MM/YYYY)	
2) State the date on which the person ceased being a member	(DD/MM/YYYY)	
3) 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
CONTINUATION PAGE(S) ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	NO. OF PAGE (S) ATTACHED <input style="width: 50px;" type="text"/>	
REGISTERED AGENT: <input style="width: 600px; height: 20px;" type="text"/>		
<i>DETAILS OF PERSON SIGNING ON BEHALF OF REGISTERED AGENT:</i>		
NAME:	_____	
JOB TITLE/POSITION:	_____	
SIGNATURE:	_____	
DATE:	_____	
<i>FOR OFFICIAL USE ONLY</i>		
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.

ⁱ Where the Member is an individual the name must be represented as FIRST MIDDLE LAST)