



FORM 1

# 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. Commencement Date

*Dd/mmm/yyyy*

2a. Name of Business

3a. Provide any Other Name (where applicable)

2b. Justification of Business Name (where applicable)

3b. Justification of Other Name (where applicable)

4a. Indicate Business Type

- Sole Proprietor
- Sole Proprietor – Corporation
- Partnership

4b. State the number of branches and complete Schedule A for each branch.

5a. Principal Place of Business

Same as Actual Business Location  
Same as Mailing Address

5b. Actual Business Location (If Different)

Location

*Building/Complex/Apt/Suite*

Street

*Number*

*Name*

Town/City

*Town/City*

Island

Country

Location

*Building/Complex/Apt/Suite*

Street

*Number*

*Name*

Town/City

*Town/City*

Island

Country

5c. <u>Office Records Location</u>	Registered Address	Actual Business Location
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6a. <u>Tel No.</u>		6b. <u>Cell No.</u>		6c. <u>Fax</u>	
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6d. <u>Email Address</u>	
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7. <u>Nature of Business</u>	
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**Section B - Proprietors Information – Individuals (Complete Schedule B if there are more than 2 Individual partners)**

8a. <u>Name</u>			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Former Name			Reason for Change
	<i>First</i>	<i>Last</i>	Marriage Deed poll

<u>Job Title/Occupation</u>		<u>Present Nationality</u>	
<u>Tel.</u>		<u>Cell.</u>	
<u>Sex</u>	Male	Female	<u>Original Nationality</u>

<u>Location</u>	
	<i>Building/Complex/Apt/Suite</i>
<u>Street</u>	
	<i>Number</i> <i>Name</i>
<u>Town/City</u>	
	<i>Town/City</i>
<u>Island</u>	
<u>Country</u>	

To the best of my knowledge and belief, all the requirements of the Registration of Business Name Ordinance, in respects of matters precedent to the formation of a business name have been complied with.

<u>Signature</u>	<u>Date Signed</u>

8b. <u>Name</u>			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Former Name			Reason for Change
	<i>First</i>	<i>Last</i>	Marriage Deed poll

<u>Job Title/Occupation</u>		<u>Present Nationality</u>	
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<u>Tel.</u>	<input type="text"/>	<u>Cell.</u>	<input type="text"/>	<u>Original Nationality</u>	<input type="text"/>
	<u>Sex</u>	Male	Female		

<u>Location</u>	<input type="text"/>	
	<i>Building/Complex/Apt/Suite</i>	
<u>Street</u>	<input type="text"/>	<input type="text"/>
	<i>Number</i>	<i>Name</i>
<u>Town/City</u>	<input type="text"/>	
	<i>Town/City</i>	
<u>Island</u>	<input type="text"/>	
<u>Country</u>	<input type="text"/>	

To the best of my knowledge and belief, all the requirements of the Registration of Business Name Ordinance, in respects of matters precedent to the formation of a business name have been complied with.

<u>Signature</u>	<u>Date Signed</u>
<input type="text"/>	<input type="text"/>

**Section C- Proprietors Information – Companies** (Complete ONLY if there is a Corporation) (Complete Schedule C if there is more than 1 Corporate partner)

<u>9. Company Name</u>	<input type="text"/>		
<u>Company Reg. Number</u>	<input type="text"/>	<u>Date Incorporated</u>	<input type="text"/>
			<i>Dd/mmm/yyyy</i>
<u>Location</u>	<input type="text"/>		
	<i>Building/Complex/Apt/Suite</i>		
<u>Street</u>	<input type="text"/>	<input type="text"/>	
	<i>Number</i>	<i>Name</i>	
<u>Town/City</u>	<input type="text"/>		
	<i>Town/City</i>		
<u>P.O Box</u>	<input type="text"/>	<u>Country</u>	<input type="text"/>
<u>Telephone 1</u>	<input type="text"/>	<u>Telephone 2</u>	<input type="text"/>

An Officer is to sign on behalf of the company: To the best of my knowledge and belief, all requirements of the Business Names (Registration) Ordinance, in respect of matters precedent to the formation of a business name have been complied with.

<u>Name</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<u>Last</u>	<u>First</u>	<u>Middle</u>
<u>Capacity</u>	Director	Secretary	Authorised Official
<u>Signature</u>	<input type="text"/>		
<u>Date Signed:</u>	<input type="text"/>		

<b>Section D – Filed By</b>		
<u>Name</u>	<input type="text"/>	<input type="text"/>

	Last	First	Middle
Email Address			Telephone

Declarant ID									
Driver's License		TCI Status Card		Passport		NIB		NHIP	
ID#		ID#		ID#		ID#		ID#	
Expiry Date		Expiry Date		Expiry Date		Expiry Date		Expiry Date	

Certificate Collection Authorisation
I hereby authorize: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>
to collect the certificate on my behalf upon submission of identification

PROCESSING OFFICER (OFFICIAL USE ONLY)		
Officer's Name	Date	Remarks
Officer's Signature		