



THE REGISTRAR-GENERAL'S DEPARTMENT  
**THE INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)**  
**Supplementary Partner Form**

**INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS**

*PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS*

*\*INDICATES MANDATORY FIELD*

Registration No.: \_\_\_\_\_

| Partner 1:  | Partner(s) Details: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| *TIN:   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *First Name:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Middle Name:                                       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Surname:   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any Former Forename/Surname:                        |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Date of Birth:                                     |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Nationality:                                       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Occupation:   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *House/Building/Flat (Name or House No. etc.) /LMB: |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Street:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *City:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *District:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Region:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *P. O. Box:   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PMB/DTD:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone No.:  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |