



REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151)
 NOTIFICATION OF CHANGE IN PARTICULARS REGISTERED
 BY AN INDIVIDUAL
 (SECTION 6)

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS
PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS
 *INDICATES MANDATORY FIELD

Registration No.:	
(A) The following is a statement of change (and of the date of such change) which has been made or has occurred in the particulars registered in respect of:	
1. Business Name of Individual:	
2. Nature of change:	
3. Date of Change:	dd/mm/yyyy
4. General Nature of Business :	
5. Principal Place of Business	
* House/Building/Flat (Name or House No. etc.)/LMB:	
All other places (if any) at which business is carried on:	
<i>(NOTE: COLUMNS 6,7,8,9,12,13 AND 14 ARE ONLY APPLICABLE WHEN TRANSFER OF BUSINESS IS BEING EFFECTED.)</i>	
6. Particulars of Transferor	
* TIN of Transferor:	
* Name of Transferor:	
7. Particulars of Transferee	
*TIN of Transferee:	

(i) First name:																																							
(ii) Middle Name :																																							
(ii) Surname :																																							
(ii) Any former Surname :																																							
(iv) Date of Birth :																				dd/mm/yyyy																			
(v) Occupation :																																							
(vi) Nationality :																																							
(8) The usual residence and any other business occupation if any of Transferee																																							
*House/Building/Flat (Name or House No. etc.)/LMB:																																							
* Street:																																							
* City:																																							
* District:																																							
* Region:																																							
(9) Contact Details of Transferee																																							
* P. O. Box:																																							
* PMB/DTD:																																							
* District:																																							
* Region:																																							
*Mobile Number:																																							
*Fax:																																							
* E-mail Address:																																							
*Date of Commencement of Business:																																							
*Date of Transfer:																				dd/mm/yyyy																			
(10) Signature of applicant:																																							
* Signature: _____										Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">d</td><td style="text-align: center;">d</td><td style="text-align: center;">/</td><td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">/</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td></tr></table>																				d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y																														

(11)

Declaration
(for Applicant who cannot read or write)

N/B: I of (address) hereby declare that I have read over the contents of this document to the Applicant in the language and the Applicant appeared to understand same before thumb printing.

THUMB PRINT
OF THE
APPLICANT

.....
(signature)

Date:

d	d	/	m	m	/	y	y

(12)

Signature of Transferor and Transferee

(Signature of Transferor)

(Signature of Transferee)

Date:

d	d	/	m	m	/	y	y

(13)

Declaration
(for Transferor who cannot read or write)

N/B: I of (address) hereby declare that I have read over the contents of this document to the Applicant in the language and the Applicant appeared to understand same before thumb printing.

THUMB PRINT
OF THE APPLICANT
(TRANSFEROR)

.....
(signature)

Date:

d	d	/	m	m	/	y	y

(14)

Declaration
(for Transferee who cannot read or write)

N/B: I of (address) hereby
declare that I have read over the contents of this document to the Applicant in the
..... language and the Applicant appeared to understand same before
thumb printing.

THUMB PRINT
OF THE APPLICANT
(TRANSFEREE)

.....
(signature)

Date:

--	--	--	--	--	--	--	--

d d / m m / y y y y

NAME AND SIGNATURE OF PERSON
REGISTERING

Date:

--	--	--	--	--	--	--	--

d d / m m / y y y y