



BUSINESS REGISTRATION ACT

(Regulation 3(2)(b))

Form 2

**APPLICATION BY PARTNERSHIP OR BY OTHER BODY UNINCORPORATE FOR REGISTRATION OF BUSINESS CARRIED ON BY SUCH BODY.**

PART A.

1. Business carried on:
  - (a) Name under which business is carried on (in order of priority):
    - 1.....
    - 2.....
    - 3.....
  - (b) Postal Address.....
  - (c) Physical Place of business: .....
  - (d) Description and nature of business: .....
  - (f) Date business commenced: .....
2. \*Partners/Principal officers:
  - I. (a) Name: .....
  - (b) Previous Names (if any) : .....
  - (c) Email..... Phone Number.....
  - (d) \*National Identity card number/Passport number/Driving licence Number/other: .....
  - Date of Issue:..../...../.....Date of Expiration:..../...../.....
  - Date of Birth: ..../...../.....
  - (e) Residential address:.....
  - Plot Number:..... Area: .....
  - City/Town:.....

Origin Home: Village.....  
T/A.....District.....  
Postal address: .....

(f) Do you have an existing Tax Identification Number (TPIN) YES/NO

(g) If YES to (f); TPIN:.....

II. (a) Name: .....

(b) Previous Names (if any) : .....

(c) Email..... Phone Number.....

(d) \*National Identity card number/Passport number/Driving licence  
number/Other.....

Date of Issue:...../...../.....Date of Expiration:...../...../.....

Date of Birth: ...../...../.....

(e) Residential address:  
Plot Number:..... Area: .....

City/Town:.....

Origin Home:Village.....

T/A.....District.....

Postal address: .....

(f) Do you have an existing Tax Identification Number (TPIN) YES/NO

(g) If YES to (f); TPIN:.....

III. (a) Name: .....

(b) Previous Names (if any) : .....

(c) Email..... Phone Number.....

(d) \*National Identity card number/Passport number/Driving Licence  
number/Other:.....

Date of Issue:.../.../.....Date of Expiration:...../...../.....

Date of Birth: ...../...../.....

(e) Residential address:  
Plot Number:..... Area:.....  
City/Town:.....  
  
Origin Home:Village.....  
  
T/A.....District.....  
  
Postal address: .....

(f) Do you have an existing Tax Identification Number (TPIN) YES/NO

(g) If YES to (f); TPIN:.....

IV. (a) Name: .....

(b) Previous Names (if any) : .....

(c) Email..... Phone Number.....

(d) \*National Identity card number/Passport number/Driving Licence  
number/Other.....

Date of Issue:../...../.....Date of Expiration:...../...../.....

Date of Birth...../...../.....

(e) Residential address:  
Plot Number:..... Area:.....  
City/Town:.....

Origin Home:Village.....

T/A.....District.....

Postal address: .....

(f) Do you have an existing Tax Identification Number (TPIN) YES/NO

(g) If YES to (f); TPIN:.....

Name	Postal Address	Phone No.	% of Shares	Signature

**CERTIFICATE OF APPLICANT**

I certify that-

- (a) the particulars set out in this application are true; and
- (b) (where the business is a partnership) I have listed all the partners of the business.

Date: .....

Authorized Signatory:.....

Name in block letters: .....

Designation within the partnership or other body incorporate: .....  
(i.e. partner (if a partnership)/principal officer)

\*Delete as appropriate.

**PART B.**

**FOR OFFICIAL USE ONLY.**

Approved/Rejected: .....

If rejected, reason for rejection: .....

Name of Officer:.....

Signature: .....

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