



**BUSINESS REGISTRATION ACT**  
(No 12 of 2012)

**(Regulation 3(3))**

**Form 3**

**APPLICATION BY A BODY CORPORATE UNDER SECTION 24(2) OF THE  
BUSINESS REGISTRATION ACT**

**PART A**

1. If body corporate is incorporated in Malawi:
  - (a) Name of body corporate: .....
  - (b) Postal and Physical Address of registered office: .....  
.....
  - (c) Date of incorporation: .....
  - (d) Registration No:.....
  - (e) Business name (if any).....
  - (f) ISIC Code(s) .....
  - (g) Directors Information:

FULL NAME	POSTAL ADDRESS	OCCUPATION	SIGNATURE

(h) Shareholders Information:

FULL NAME	POSTAL ADDRESS	OCCUPATION	SIGNATURE

2. In the case of charities or not for profit body corporate in Malawi:

(a) Name of body corporate: .....

(b) Postal and Physical Address of registered office: .....  
.....

(c) Trustees Information:

Name	Postal Address	Occupation	Signature

(d) Date of incorporation: .....

(e) Registration No:.....

(f) Objectives .....  
.....  
.....  
.....  
.....  
.....

(g) ISIC Code(s) .....

3. If body corporate is not incorporated in Malawi and is one to which the Companies Act applies:
- (a) Name of body corporate: .....
  - (b) Place of incorporation: .....
  - (c) Names, occupation and addresses of person or persons resident in Malawi whose particulars have been delivered to the Registrar of Companies:  
.....  
.....
  - (d) Date of registration under of the Companies Act: .....
4. Business carried on:
- (a) Name under which business is carried on: (in order of priority)
    - i. ....
    - ii. ....
    - iii. ....
  - (b) Postal and Physical Address of registered of business:.....  
.....
  - (c) Description and nature of business: .....

**CERTIFICATE OF APPLICANT**

I certify that the particulars set out in this application are true.

Date: .....

Signed: .....

Full name (in block letters): .....

Designation within the body corporate: .....

(i.e. director, manager or secretary)

**PART B.  
FOR OFFICIAL USE ONLY.**

Approved/Rejected: .....

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

Name of Officer:.....

Signature: .....

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