

REPUBLIC OF LIBERIA
MINISTRY OF COMMERCE & INDUSTRY
MONROVIA, LIBERIA

Form # _____

DATE: _____

Tin # _____

DIVISION OF DOMESTIC TRADE
APPLICATION FORM
REGISTRATION OF NEW BUSINESS

IDENTIFICATION NUMBER: _____

SERIAL NUMBER: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

REGISTRATION FEE PAID: _____

REVENUE RECEIPT NUMBER: _____

RECEIVED BY: _____

Please print

SIGNATURE: _____

NEW BUSINESS REGISTRATION FORM

GREATER CONTROL ACT

“Every concern desiring to become engaged in any form of commercial activity in this Republic, whether incorporated or not, shall be REGISTERED before commencing business”

1. FULL NAME OF BUSINESS: _____

2. EXACT LOCATION OF BUSINESS/OTHER LOCATIONS: _____

COUNTY: _____ TOWN/VILLAGE/STREET: _____

LAND LINE: _____ CELL: _____ E-MAIL: _____

TELEX: _____ HOUSE NO. _____

3. FORM OF BUSINESS: Sole Proprietorship () Partnership () Corporation () Joint Venture ()
LIBERIAN () FOREIGN () NATURALIZED LIBERIAN () MALE () FEMALE ()

4. SPECIFIC NATURE OF BUSINESS: _____

eg. TEXTILES, BUILDING MATERIALS, MANUFACTURING, FOOD STUFF, SUPERMARKET,
STATIONERY, FROZEN FOOD, SPARE PARTS, USED CLOTHING, ETC

5. OTHER AREAS YOU INTEND TO ENGAGE: _____

6. INVESTMENT CAPITAL IN: US\$ _____ L\$ _____

7. SOURCE (S) OF FUNDING: _____

8. DATE ESTABLISHMENT INTENDS TO COMMENCE OPERATION: _____

NOTE: ALL IMPORT/EXPORT CORPORATIONS SHALL OBTAIN A CERTIFICATE OF PERMIT AND SHOULD BE INCORPORATED.

9. OWNER (S) OF THE PROPOSED BUSINESS:

	<u>NAME</u>	<u>NATIONALITY</u>	<u>PERCENTAGE OF OWNERSHIP</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

10. PROPOSED NUMBER OF EMPLOYEES: _____ LIBERIAN _____ FOREIGN _____

11. ALL NON LIBERIANS WISHING TO DO BUSINESS ARE REQUIRED TO LIST ALL BANK REFERENCES (BUSINESS ACCOUNT ONLY) AND SUBMIT PROSPECTUS FOR THE PROPOSED BUSINESS.

DECLARATION

I, THE UNDERSIGNED DO HEREBY DECLARE THAT THE INFORMATION HEREIN STATED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IF IT IS DISCOVERED THAT THE INFORMATION IS FALSE AND MISLEADING, THIS SHOULD SUBJECT THE APPLICATION CERTIFICATE IF ISSUED BE REVOKED.

NAME OF COMPANY OFFICIAL REPRESENTATIVE _____
(PLEASE PRINT)

SIGNATURE: _____

POSITION: _____

DATE: _____

PLACE SUBMITTED: _____

DATE: _____

FOR OFFICIAL USE ONLY

NAME OF COMMERCIAL OFFICER: _____

SIGNATURE: _____

DATE: _____