

REPUBLIC OF LIBERIA
MINISTRY OF COMMERCE & INDUSTRY
MONROVIA, LIBERIA

Form #: _____

DATE: _____

Tin # _____

DIVISION OF DOMESTIC TRADE
APPLICATION FORM
REGISTRATION OF EXISTING BUSINESS

IDENTIFICATION NUMBER: _____

SERIAL NUMBER: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____
REGISTRATION FEE PAID: _____
REVENUE RECEIPT NUMBER: _____
RECEIVED BY: _____ Please print
SIGNATURE: _____

OLD 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. YEAR ESTABLISHMENT COMMENCED OPERATION? _____

6. WAS THE BUSINESS IN OPERATION THE PREVIOUS YEAR? YES () NO () IF NO, STATE
REASON AND LAST YEAR OF OPERATION: _____

7. ESTIMATED NET WORTH OF THE BUSINESS AT THE END OF LAST YEAR IN
US\$ _____ L\$ _____:

8. HAS THERE BEEN ANY CHANGE IN OWNERSHIP OR ADDRESS? YES () NO () IF YES,
STATE CLEARLY _____

NOTE: ALL IMPORT/EXPORT CORPORATIONS SHALL OBTAIN A CERTIFICATE OF PERMIT AND SHOULD BE INCORPORATED.
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9. NUMBER OF PERSONS EMPLOYED UP TO THE END OF THE PREVIOUS YEAR: _____

LIBERIAN: _____ FOREIGN: _____

10. NUMBER OF BRANCHES _____ LIST BELOW:

	<u>NAME OF BRANCH</u>	<u>ADDRESS</u>	<u>NATURE OF BRANCH</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

11. OWNER (S) OF THE BUSINESS:

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

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: _____
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