



SEE PAGE 3 & 4 FOR GUIDANCE NOTES

REPUBLIC OF SIERRA LEONE
Office of the Administrator and Registrar-General
THE REGISTRATION OF BUSINESS (ACT No 18, 2007)
Combined Application for Registration of Partnership

Section A

1. The Business Name [Grid]

2. Business Location Address
Street [Grid] District [Grid]
City/Town [Grid]

3. Postal Address P.O Box [Grid] Street [Grid]
City/Town [Grid] District [Grid]

4. Telephone No and E-mail Address of Business: Land line [Grid] Mobile [Grid]
E-Mail Address [Grid]

5. Activity/Industrial Classification (Mark X in appropriate box):
[ ] Services [ ] Manufacturing [ ] Farming/Fisheries [ ]
[ ] Commerce [ ] Transport/Communication [ ] Finance/Insurance/Real Estate [ ] Construction [ ] Banking [ ] Mining
[ ] Government [ ] Other [ ] If other specify.....

6. Describe your Business Activity/Nature of Business:

7. The Capital employed in the business (including all Branches of Sierra Leone) with details of
i. Nominal issue Capital In Words.....
In figures Le [Grid]
ii. Business estimate turnover of twelve months from date
of commencement of business [Grid]

8. Auditor/ Accountant [Grid]

9. Name of Contact person [Grid]

10. Address of Contact person [Grid]

11. Date of Commencement of business: [Grid]

12. Full particulars of any branch(es) or other place(s) of business in Sierra Leone
Branch Address 1 [Grid]

Branch Address 2 [Grid]

**Section B****Partner 1****Particular of Partners**

**13. Title** (*Mark x in appropriate box*) Mr.  Mrs.  Miss  Surname   
 First name  Middle Name   
 Occupation  Date of birth  Sex M  F   
 Nationality  ID/Passport No.  Percentage of shares  %

**Partner 2**

**13. Title** (*Mark x in appropriate box*) Mr.  Mrs.  Miss  Surname   
 First name  Middle Name   
 Occupation  Date of birth  Sex M  F   
 Nationality  ID/Passport No.  Percentage of shares  %

**Partner 3**

**13. Title** (*Mark x in appropriate box*) Mr.  Mrs.  Miss  Surname   
 First name  Middle Name   
 Occupation  Date of birth  Sex M  F   
 Nationality  ID/Passport No.  Percentage of shares  %

**Partner 4**

**13. Title** (*Mark x in appropriate box*) Mr.  Mrs.  Miss  Surname   
 First name  Middle Name   
 Occupation  Date of birth  Sex M  F   
 Nationality  ID/Passport No.  Percentage of shares  %

**Partner 5**

**13. Title** (*Mark x in appropriate box*) Mr.  Mrs.  Miss  Surname   
 First name  Middle Name   
 Occupation  Date of birth  Sex M  F   
 Nationality  ID/Passport No.  Percentage of shares  %

**Note: Please attached photocopy of your National ID/ Passport and residential permit  
 Attach additional copy of shareholders information**

**14. Note: for Promoter**

I.....hereby certify and declare that the foregoing particulars are to my knowledge and belief correct, and I undertake to notify the Registrar of Companies/business, National Revenue Authority and the Freetown City Council whenever there is a change of circumstance affecting or relating to the particulars of the company/business as stated above.

Dated this .....day of ..... 20..... Signature.....

**FOR NRA OFFICIAL USE ONLY**

15. Date of Issue

16. Data Entry By:

16. Trade Activity Classification

18. Tax District

25. TIN Assigned to Business

**FREETOWN CITY COUNCIL OFFICIAL USE ONLY**

19. Type of Business

Category: A  B  C  Amount Due and Demanded Le:.....

Licenses officer:..... Signature:.....

**GUIDANCE NOTES**

- ✓ **This form is to be completed for Partnership other than Sole Proprietorships or company.**
- ✓ **Section B is for Partners details and attach photocopies of National ID Card/Passport/Driver's License for Sierra Leoneans and in the case of Non-Sierra Leoneans photocopies of Certificate of Registration, Passport and Residence Permit.**
- ✓ **Please ensure that originals of photocopy attachments are presented for inspection as a basis for authentication of the photocopies at the OARG,NRA and FCC offices when you are submitting the application.**

**Section A**

1. Enter name of business as entered as you want it to appear in the business registration certificate.
2. Physical location of principal place where business is conducted (i.e. head office if business is conducted at two or more places). Provide street address and leave out phrases like "near bridge" etc.
3. Details of person's address- Post Office Box number , town (or area) and district in which post office is located. District could be one of the following: Western Area Urban, Western Area Rural, Kailahun, Kenema, Kono, Bombali, Kambia, Koinadugu, Port Loko, Tonkolili, Bo, Bonthe, Moyamba or Pujehum.
4. Current E-mail address, numbers of land-line and mobile phone of the business.
5. Activity /industrial classification: Mark **X** in appropriate box

6. Describe business activities with main activity first. Please be specific.
7. The money/asset you have or wish to have to invest in the business. Estimate Turnover means - The estimate of annual sales.
8. Name of External Auditor / Accountant of the business.
- 9-10. Name of contact person: A person in management position in the business, who interacts regularly with OARG, NRA and FCC on registration and tax issues.
11. The date you started/will start operation.
12. Full detail of any other place(s) with business is conducted in Sierra Leone
13. Enter the following details for each partner
  - Tick appropriate title and write full name, beginning with surname.
  - Date of birth beginning with day, followed by month and year in that order.
  - Mark **X** in box for male or female.
  - Sierra Leonean to provide Photocopy of National ID Number (or passport / driver's license if applicant has one). Non-nationals of Sierra Leone are to provide passport number and residence permit
14. To be completed by partner. The partner should fill his full name, sign and date.

**15-19 DO NOT FILL THESE SECTIONS 15-19**