



Tonga

**REGISTRATION OF BUSINESS NAMES
REGULATIONS 2014**



REGISTRATION OF BUSINESS NAMES REGULATIONS 2014

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REGISTRATION OF BUSINESS NAMES REGULATIONS 2014

REGISTRATION OF BUSINESS NAMES ACT 2013

IN EXERCISE of the powers conferred by section 21 of the Registration of Business Names Act 2013 , the Minister of Commerce, Tourism and Labour , with the consent of Cabinet, makes the following regulations -

1 Short Title

This Regulation may be cited as the Registration of Business Names Regulations 2014.

2 Interpretation

In these Regulations, unless the context otherwise requires -

“**access information**” means information assigned for the purpose of maintaining the integrity of the registry (for example, passwords, access number, user Ids, and “**PINs**”);

“**Act**” means the Registration of Business Names Act 2013;

“**Application**” means an application for a business names registration made under section 6 of the Act and the “**applicant**” shall have a corresponding meaning;

“**authorized user**” means a person who has log-on access to the registry;

“**online service**” means a service provided by, or on behalf of, the Registrar that allows documents to be registered, delivered, sent or forwarded to the Registrar by electronic means including the Internet; and

all terms defined in Section 2 of the Act shall have the same meaning as set forth in the Act when used in these Regulations.

3 Application for Business Name Registration

- (1) An application for a business name registration shall be accompanied with the correct fee as prescribed in Schedule 1 and be -
 - (a) made in the form prescribed in Form 1 and delivered to the Registrar in person or by post if submitted by paper; or
 - (b) submitted to the Registry via an on-line service.
- (2) Where the application is rejected by the Registrar, the Registrar shall advise the applicant in a written communication of the reasons of rejection.
- (3) Upon receipt of an application the Registrar shall cause the applicant to be issued a receipt indicating the date of receipt.

4 Issue or refusal of Business Name Registration

- (1) Where an application is received pursuant to section 6 of the Act, the Registrar shall within 3 working days either issue the applicant with a Certificate of Business Name Registration or advise the applicant in writing of the statutory grounds for refusing the application.
- (2) A Certificate of Business Name Registration shall be in the form prescribed in Form 2, as may be changed from time to time by the Registrar.
- (3) Where an application is rejected on the specific statutory grounds set out in the Act the application fee shall not be refundable.

5 Withdrawal of Application

- (1) An application may be withdrawn by written application to the Registrar by the applicant.
- (2) The application fee shall not be refunded where the application is withdrawn.

6 Duration of registration

- (1) A business name registration shall remain in force for one year but may be renewed each year by filing with the Registrar a statement of renewal in accordance with Section 15 of the Act.

- (2) A statement of renewal shall be-
 - (a) made in the form prescribed in Form 3, as may be changed from time to time by the Registrar; and
 - (b) accompanied with the correct notice of business activity fee as prescribed in Schedule 1.
- (3) Upon receipt of a proper statement of renewal together with the proper fee, the Registrar shall register the statement and issue the applicant with a renewed Registration of Business Name Certificate.

7 Business Names Register

- (1) The Registrar shall establish and maintain a Business Names Register in a format deemed acceptable to Register under Section 10 of the Act.
- (2) The Business Names Register shall contain, at a minimum, the following information -
 - (a) business name;
 - (b) registration number;
 - (c) address of the principal place of business and other places of business conducted under the business name;
 - (d) date of issue of the Certificate of Business Name Registration;
 - (e) a history of all filings related to the business name; and
 - (f) such statistical information the Registrar deems appropriate from time to time to collect, which information shall be held as confidential.
- (3) The Business Names Register shall be available for inspection or copying of entries by the public at least during the normal business hours upon payment of the fees prescribed in Schedule 1.
- (4) Where a Business Name registration is cancelled, the Business Names Register shall contain details of the cancellation.

8 Cancellation of Business Names Registration

Where the Registrar cancels a Business Names Registration the Registrar shall -

- (a) notify the Registrant in a written communication in compliance with Section 12 of the Act of the reason for the cancellation; and
- (b) the notice shall inform the Registrant of its right of appeal.

9 Appeal to Minister

- (1) An appeal may be made against a decision to cancel a registration of business name regulation and shall be made in writing to the Minister within 14 working days from the date the Registrant is given notice of the cancellation.
- (2) The appeal shall set out the grounds of appeal.
- (3) The Minister shall, within 28 working days of the date of deciding the appeal, advise the Registrant and decide the appeal.
- (4) The Minister shall within 3 working days of the date of deciding the appeal, advise the Registrant in a written communication of the decision.

10 Time Cancellation comes into effect

Where the Registrar cancels a Business Name Registration, the cancellation shall not come into effect until, in the case of the holder of a business name registration who -

- (a) does not exercise a right of appeal within 14 working days as specified under the regulation 10(1); or
- (b) exercise a right of appeal within the time prescribed under regulation 10(3), from the date when the decision was made.

11 Amendment of Register and Registration

- (1) Where the information contained on the Certificate of Business Name or the Business Name Register is no longer correct due to a change in circumstances, the Registrar shall in accordance with Section 8 of the Act file an amendment to the business name registration, which shall be in the form prescribed in Form 4, as may be changed from time to time by the Registrar.
- (2) Where the Registrar receives an amendment under sub-regulation 11(1) that the Certificate of Business Name contains information that is no longer correct, the Registrar shall amend the Business Name Register within 2 working days of receiving the amendment.
- (3) Where the Registrar receives an amendment under sub-regulation 11(1) that the Certificate of Business Name Registration contains information that is no longer correct, the Registrar shall issue an amended Certificate Business Name Registration upon application and payment of the fee prescribed in Schedule 1.
- (4) Where a proposed amendment is received the Registrar shall within 3 working days either issue register the amendment or advise the applicant in writing of the statutory grounds for refusing the application.

12 Penalties

- (1) Where the registrant fails to comply with the Act or these Regulations, the Registrar may impose a penalty as prescribed under the Act.
- (2) Where the Registrar imposes a penalty under sub-regulation 12(1), the Registrar shall advise the registrant in a written communication sent in accordance with Section 12 of the Act.

13 Electronic Documents

- (1) Any person, including any legal entity, foreign legal entity or government agency, may submit documents to the Registrar via an online service in manner made available by the Registrar.
- (2) If a document is registered, delivered, sent, or forwarded to the Registrar using an online service -
 - (a) an email address for communication with the person who registers, delivers, sends, or forwards the document to the Registrar must be provided with the document; and
 - (b) an email address for communication with the business person must be provided with the document if different from the email address of the person who registers the document.

14 Authority to Use On-line Services

- (1) Any person, including any legal entity, foreign legal entity or government agency, may become an authorised user for the purpose of submitting documents to the Registrar and to arrange for the payment of fees hereunder.
- (2) The Registrar may seek documentation or other evidence from any person that is or seeks to become an authorised user of the on-line services sufficient to authenticate the identity of such person or entity to the reasonable satisfaction of the Registrar.
- (3) There shall be no fee for becoming an authorised user of the on-line services.
- (4) Payments and payment methods for using the on-line service may be made pursuant to procedures announced from time to time by the Registrar.
- (5) In order for an authorised user to have access to make a filing within the registry, the authorised user shall enter the relevant access information. The Registrar is not required to verify that the authorised user is entitled to use the access information entered by the authorised user.
- (6) The Registrar may disclose access information only if -

- (a) the Registrar is reasonably satisfied that the person to whom the access information is to be disclosed is entitled to the information; and
 - (b) the disclosure of the access information is necessary to facilitate the operation of the registry.
- (7) The format provided by the electronic registry shall be used for all documents submitted via the on-line service.

15 Application for Business Name Re-registration

- (1) An application for re-registration of a business name shall be-
- (a) made in the form prescribed in Form 9 and delivered to the Registrar in person or by post if submitted by paper; or
 - (b) submitted to the Registry via on-line service.
- (2) Where the Registrar has no record of the business to be re-registered, the Registrar shall advise the applicant in a written communication of the need to produce evidence of a prior business name registration sufficient for the Registrar to determine that the business name was previously registered.
- (3) Upon receipt of a proper application re-registration that Registrar shall cause the applicant to be issued a certificate of re-registration.

SCHEDULE 1

(SECTION 21(A) OF THE ACT)

PRESCRIBED FEES

Item	Activity	Fee (\$TOP)	Due date
1.	Application for Re-Registration of Business Name	No charge	Not applicable
2.	Application for Business Names Registration submitted via paper	50	Upon submission of application
3.	Application for Business Names Registration submitted via on-line services	25	Upon submission of application
4.	Statement of renewal of business name registration submitted via paper	20	
5.	Statement of renewal of business name registration submitted via on-line services	10	Upon filing
6.	Registration of changes via Amendment of Business Names registration and/or Certificate submitted via paper	20	Upon filing
7.	Registration of change via Amendment of Business Names registration and/or Certificate submitted via on-line services	10	Upon filing
8.	Inspection of physical Business Names Register maintained at the Ministry	10/per name	Prior to inspection
9.	Paper copies from the physical Business Names Register maintained at the Ministry	1 /per page	Upon providing copies
10.	Online inspection of electronic database that contains the Business Names Register	No charge	
11.	Certification by the Registrar of a Business Names Register record	100	Upon providing certification
12.	Late fee for filing required amendment to business names register	20	Upon filing of amendment
13.	Late fee for filing Statement of Renewal	20	Upon filing of Notice
14.	Reinstatement fee after cancellation of business name registration	50	Upon reinstatement
15.	Notice of cessation of business by registrant	No charge	Upon filing

SCHEDULE 2

(Section 6(2)(e) of the Act)

BUSINESS ACTIVITIES

- 1 Services
- 2 Professional Services
- 3 Manufacturing/Processing
- 4 Agriculture
- 5 Fisheries
- 6 Entertainment/catering
- 7 Financial institution
- 8 Telecommunication
- 9 Information Technology
- 10 Liquor Sales
- 11 Therapeutic Goods Sale
- 12 Flammable Goods Sale
- 13 Transportation (non-taxi)
- 14 Taxi Service
- 15 Recycling Service
- 16 Retail
- 17 Distribution
- 18 Tourism
- 19 Construction
- 20 Export
- 21 Import
- 22 Other (must specify on application)

FORMS

FORM 1 | APPLICATION FOR REGISTRATION OF BUSINESS NAME

Section 6, Business Names Act 2013

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

For official use only

The information on this form must be either typewritten or printed legibly in **BLOCK** letters.

1. Proposed business name

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Note: the business name may not be identical or almost identical to the name of another active business name, active local or foreign company, active reservation of company name, or any other active registered entity. The business name may not mislead the public about the nature of the business and must not be deceptive or offensive.

2. Addresses

Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Island group:

Additional places where business is conducted

Island group:

If there is more than one additional location at which business is conducted please attach a separate sheet

Island Group:

Island Group:

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Postal address (if different)

Postal address to which communications from the Registrar may be sent.

Postal address:
Island Group:

Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filings services.

Email address:

3. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.*
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.*
- iii. If the owner(s) is an entity registered in the Kingdom of Tonga under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- iv. If the owner(s) is an unregistered legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in Subpart C.*

A. OWNERS that are natural persons

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but that are not registered in the Kingdom of Tonga

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.

4. Nominee or trustee owners

Are any owners acting on behalf of third parties?

Yes

No

If “Yes” is checked then attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

5. General description of business activity

The following is the principal activity to be carried out under this proposed business:

Services	Entertainment/ catering	Therapeutic Goods Sale	Retail
Professional Service	Financial Institutions	Flammable Goods Sale	Distribution
Manufacturing/ Processing	Telecommunication	Transportation (non-taxi)	Tourism
Agriculture	Information technology	Taxi service	Construction
Fisheries	Liquor Sales	Recycling service	Export
Import	Others (must specify)		

6. Date of commencement of business activity under this business name

The date may not be more than three months after the date of registration

/ /

7. Signed by authorised person

I certify that the information in this form is true and correct.

Name: Signature:

(Please give first name(s) followed by surname in BLOCK letters)

Designation: Owner or Authorised person Date:

8. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

9. Checklist

The following must accompany this form:

- If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- If there are beneficial owners then their names must appear on an attached sheet.

- If a person who has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.
- The prescribed fee of \$50 - Please make cheques payable to '*Registrar of Business Names*'.

Please deliver documents to: Ministry of Commerce, Tourism and Labour

FORM 2 | BUSINESS NAME CERTIFICATE

Business Registries Office
Ministry of Commerce, Tourism and
Labour



BUSINESS NAME CERTIFICATE

[Insert Business Name]

[Insert Business Name Number]

I hereby certify that *[insert business name]* was registered
under Section 3 of the Registration of Business Names
Act 2013 on the *[insert date]*.

Owner of Business Name :

Address of Business :

General Nature of Business :

[stamp insert]

[insert Registrars name]
Registrar of Business Names

Dated at Nuku'alofa this [insert date] day of [insert month, year]

REGISTRATION

FORM 3 | RENEWAL OF BUSINESS NAME REGISTRATION

Section 15, Business Names Act 2013

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

For official use only

The information on this form must be either typewritten or printed legibly in BLOCK letters.

Business Name

--

Registration number

--

Instructions on completing this renewal to business name registration

This form once completed should reflect all information about the business name registration as it exists on the date of filing this Form 3. For example, if the business has changed its address, this Form 3 should show the new address.

2. Addresses

Has there been any change in address (es) for the business name? **Yes** **No**

If you answered “Yes” then provide ALL the relevant addresses for the business name registration as they exist as of the date of filing this Form 3. If you answered “No” then proceed to item 3.

Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Island group:

Additional places where business is conducted

Island group:

Island Group:

Island Group:

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Postal address (if different)

Postal address to which communications from the Registrar may be sent.

Postal address:
Island Group:

Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filings services.

Email address:

3. Details of owners

Has there been any change in ownership of the business name? **Yes** **No**

If you answered “Yes” then complete ALL of the information required in this item 3. If you answered “No” then proceed to item 4.

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. *If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.*
- ii. *If the owner is an unregistered partnership, list the names of the individual partners in subpart A.*
- iii. *If the owner(s) is an entity registered in the Kingdom of Tonga under another law, you must provide the exact registered name and registration number together with the other required information in subpart B.*
- iv. *If the owner(s) is an unregistered legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in subpart C.*

Note: Email address is optional. However, it is required if you are to be able to use the online services offered by the registry.

A. Owners that are natural persons

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	
Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	
Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but that are not registered in the Kingdom of Tonga

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	
Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	
Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.

4. Nominee or trustee owners

Are any owners acting on behalf of third parties? Yes No

If “Yes” is checked then attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

5. Business name activity

Has there been any change in the business activity conducted under the business name?
Yes No

If you answered “Yes” then tick the proper box. If you answered “No” then proceed to item 6.

The following is now the principal activity carried out under this business name:

Services		Entertainment/Catering		Therapeutic Goods Sale		Retail
Professional Service		Financial Institutions		Flammable Goods Sale		Distribution
Manufacturing/Processing		Telecommunication		Transportation (non-taxi)		Tourism
Agriculture		Information technology		Taxi service		Construction
Fisheries		Liquor Sales		Recycling service		Export
Import		Other (must specify on application)				

6. Signed by authorised person

I certify that the information in this form is true and correct.

Name: Signature:

(Please give first name(s) followed by surname in BLOCK letters)

Designation: Owner or Authorised person Date:

7. Lodged by

Name: _____

Address: _____

Other contact details:

Telephone: _____

Email (optional): _____

8. Checklist

The following must accompany this form:

- If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- If there are beneficial owners then their names must appear on an attached sheet.
- If a person who now has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.
- The prescribed fee of \$20 - Please make cheques payable to '*Registrar of Business Names*'.

Please deliver documents to: Ministry of Commerce, Tourism and Labour

FORM 4 | AMENDMENT OF BUSINESS NAME REGISTRATION

Section 8, Business Names Act 2013

For official use only

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly in BLOCK letters.

1. Current Business Name

Registration number

2. New Business Name (if name is changing)

The name may not be the same as an existing business name or the name of another existing business entity.

Note: this form should restate all current information about the business name registration after the amendment.

3. Addresses

Provide the relevant addresses for the business name registration as they exist as of the date of filing this Form 3.

Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Additional places where business is conducted

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Postal address (if different)

Postal address to which communications from the Registrar may be sent.

Postal address:
Island Group:

Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filings services.

Email address:

4. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.*
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.*
- iii. If the owner(s) is an entity registered in the Kingdom of Tonga under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- iv. If the owner(s) is an unregistered legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in Subpart C.*

Note: email address is optional. However, it is required if you are to be able to use the online services offered by the registry.

A. Owners that are natural persons

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

Registration of Business Names Regulations 2014

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but that are not registered in the Kingdom of Tonga

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.

5. Nominee or trustee owners

Are any owners acting on behalf of third parties? Yes No

If “Yes” is checked than attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

6. General description of business activity

The following is the principal activity to be carried out under this business name:

	Services		Entertainment/ catering		Therapeutic Goods Sale		Retail
	Professional Service		Financial Institutions		Flammable Goods Sale		Distribution
	Manufacturing/ Processing		Telecommunication		Transportation (non-taxi)		Tourism
	Agriculture		Information technology		Taxi service		Construction
	Fisheries		Liquor Sales		Recycling service		Export
	Import		Others (must specify on application)				

7. Effective date of amendment

This amendment must be filed within ten (10) working days after the change occurred.

/ /

8. Signed by authorised person

I certify that the information in this form is true and correct.

Name: Signature:

(Please give first name(s) followed by surname in BLOCK letters)

Designation: Owner or Authorised person Date:

9. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

10. Checklist

The following must accompany this form:

- If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- If there are beneficial owners then their names must appear on an attached sheet.

Registration of Business Names Regulations 2014

- If a person who now has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.
- The prescribed fee of \$20 - Please make cheques payable to '*Registrar of Business Names*'.

Please deliver documents to: Ministry of Commerce, Tourism and Labour

FORM 5 | BUSINESS NAME AMENDMENT CERTIFICATE



BUSINESS REGISTRY OFFICE
Ministry of Commerce, Tourism and Labour

BUSINESS NAME AMENDMENT CERTIFICATE

[Insert Business Name]

[Insert Business Name Number]

This is to certify that [insert business name] was registered under Section 3 of the Business Names Act 2013 on the [insert date] and amended its details on the [insert amended date]. The current certificate after this amendment provides:

Business Name :

Address of Business :

General Nature of Business :

[stamp insert]

[insert Registrars name]

Registrar of Business Names

Dated at Nuku'alofa this [insert date]

FORM 6 | NOTICE OF CESSATION OF BUSINESS

Section 13, Business Names Act 2013

Notes

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly in BLOCK letters

There is no fee to file this notice with the Registrar

For official use only

1. Business Name

Business name registration number

2. Cancellation of business name registration

Date of cancellation of business name registration

Note: the date of cancellation will be the date that this Notice is filed with the Registrar unless a later date is specified above.

3. Signed by authorised person

I certify that the information in this form is true and correct.

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

Designation:

Owner or

Authorised person

Date:

4. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

FORM 7 | BUSINESS NAME CERTIFICATE OF CANCELLATION



BUSINESS REGISTRIES OFFICE
Ministry of Commerce, Tourism and Labour

BUSINESS NAME CERTIFICATE OF CANCELLATION

[Insert Business Name]

[Insert Business Name Number]

This is to certify that [insert business name] was registered under Section 4 of the Business Names Act 2013 on the [insert date] and is now cancelled from the register on [insert cancellation date].

Registration Number:

Address:

Owner:

[stamp insert]

[insert Registrars name]
Registrar of Business Names

Dated at Nuku'alofa this [insert date]

**FORM 8 | APPLICATION FOR REINSTATEMENT OF BUSINESS NAME
REGISTRATION**

Section 15, Business Names Registration Act 2013

For official use only

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly in BLOCK letters.

1. Business Name

Registration number

The completed Form should show all information about the business name as it exists on the date of filing this Form.

2. Addresses

Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Island group:

**Additional places where
business is conducted**

Island group:

Island Group:

Island Group:

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Postal address (if different)

Postal address to which communications from the Registrar may be sent.

Postal address:
Island Group:

Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filing services.

Email address:

3. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.*
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.*
- iii. If the owner(s) is an entity registered in the Kingdom of Tonga under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- iv. If the owner(s) is an unregistered legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in Subpart C.*

Note: email address is optional. However, it is required if you are to be able to use the online services offered by the registry.

A. Owners that are natural persons

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	
Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	
Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but that are not registered in the Kingdom of Tonga

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	
Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	
Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.

4. Nominee or trustee owners

Are any owners acting on behalf of third parties? Yes No

If “Yes” is checked then attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

5. Business name activity

The following is the principal activity carried out under this business name:

<input type="checkbox"/>	Services	<input type="checkbox"/>	Entertainment/ catering	<input type="checkbox"/>	Therapeutic Goods Sale	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Professional Service	<input type="checkbox"/>	Financial Institutions	<input type="checkbox"/>	Flammable Goods Sale	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Manufacturing/ Processing	<input type="checkbox"/>	Telecommunication	<input type="checkbox"/>	Transportation (non-taxi)	<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Information technology	<input type="checkbox"/>	Taxi service	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Fisheries	<input type="checkbox"/>	Liquor Sales	<input type="checkbox"/>	Recycling service	<input type="checkbox"/>	Export
<input type="checkbox"/>	Import	<input type="checkbox"/>	Others (must specify)	<input type="checkbox"/>		<input type="checkbox"/>	

6. Signed by authorised person

I certify that the information in this form is true and correct.

Name: Signature:

(Please give first name(s) followed by surname in BLOCK letters)

Designation: Owner or Authorised person Date: / /

7. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

8. Checklist

The following must accompany this form:

- If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- If there are beneficial owners then their names must appear on an attached sheet.
- If a person who now has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.
- The prescribed fee of \$50 together with any penalty amounts. Please make cheques payable to 'Registrar of Business Names'.

Please deliver documents to: Ministry of Commerce, Tourism and Labour

FORM 9 | BUSINESS NAME CERTIFICATE OF REINSTATEMENT



BUSINESS REGISTRIES OFFICE
Ministry of Commerce, Tourism and Labour

BUSINESS NAME CERTIFICATE OF REINSTATEMENT

[Insert Business Name]

[Insert Business Name Number]

[insert business name] was cancelled on the [insert date] and was reinstated on the Business Name Register under Section 4 of the Business Names Act 2013 on [reinstate date].

Address of Business :

General Nature of Business :

Date of Registration :

[stamp insert]

[insert Registrars name]

Registrar of Business Names

Dated at Nuku'alofa this [insert date]

REINSTATEMENT OF REGISTRATION

FORM 10 | APPLICATION FOR RE-REGISTRATION OF BUSINESS NAME

Section 22 , Business Names Act 2013

For official use only

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly in **BLOCK** letters.

There is no fee to file this notice with the Registrar.

Note: this form should restate all current information about the business name registration after the re-registration. If the Registrar has no record of this business name you will be required to submit evidence of a prior registration.

1. Business Name

Registration number

2. Addresses

Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Island group:

Additional places where business is conducted

Island group:
Island Group:
Island Group:

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Postal address (if different)

Postal address to which communications from the Registrar may be sent.

Postal address:

Island Group:

Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filings services.

Email address:

3. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.*
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.*
- iii. If the owner(s) is an entity registered in the Kingdom of Tonga under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- iv. If the owner(s) is an unregistered legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in Subpart C.*

A. Owners that are natural persons

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	
Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but that are not registered in the Kingdom of Tonga

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.

4. Nominee or trustee owners

Are any owners acting on behalf of third parties? Yes No

If “Yes” is checked then attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

5. General description of business activity

The following is the principal activity to be carried out under this proposed business:

	Services		Entertainment/ catering		Therapeutic Goods Sale		Retail
	Professional Service		Financial Institutions		Flammable Goods Sale		Distribution
	Manufacturing/ Processing		Telecommunication		Transportation (non-taxi)		Tourism
	Agriculture		Information technology		Taxi service		Construction
	Fisheries		Liquor Sales		Recycling service		Export
	Import		Others (must specify)				

6. Signed by authorised person

I certify that the information in this form is true and correct.

Name: Signature:

(Please give first name(s) followed by surname in BLOCK letters)

Designation: Owner or Authorised person Date: / /

7. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

8. Checklist

The following must accompany this form:

- If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- If there are beneficial owners then their names must appear on an attached sheet.
- If a person who has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.

Please deliver documents to: Ministry of Commerce, Tourism and Labour

FORM 11 | BUSINESS NAME CERTIFICATE OF RE-REGISTRATION



BUSINESS REGISTRIES OFFICE
Ministry of Commerce, Tourism and Labour

BUSINESS NAME CERTIFICATE OF RE-REGISTRATION

[Insert Business Name]

[Insert Business Name Number]

This is to certify that [insert business name] was re-registered under the Business Names Act 2013 on the [insert date].

Address of Business :

General Nature of Business :

Date of Registration :

[stamp insert]

[insert Registrars name]
Registrar of Business Names

Dated at Nuku'alofa this [insert date]

RE - REGISTRATION

Made at Nuku'alofa this 28 day of November 2014.

Lord Tu'ivakano
Prime Minister