

# Business Registries Office, Kingdom of Tonga

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

Signature: .....

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.

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