

Form 1 | Application for registration of business name

Section 6, 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. Proposed business name

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.*

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- 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: Address: Postal address: Email address:	Nationality: Gender: Date of Birth:
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Full legal name: Address: Postal address: Email address:	Nationality: Gender: Date of Birth:
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Full legal name: Address: Postal address: Email address:	Nationality: Gender: Date of Birth:
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B. Owners that are registered entities in the Kingdom of Tonga

Exact registered name: Type of registered entity: Registration number:	Postal address: Email address:
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Exact registered name: Type of registered entity: Registration number:	Postal address: Email address:
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C. Owners that are entities but that are not registered in the Kingdom of Tonga

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

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

Signature:

Designation: Owner or Authorised person

Date:

8. 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.
- 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 ‘Ministry of Trade & Economic Development’.