

**Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.**

**FORM 318**

**THE COMPANIES ACT NO. 5 OF 2009**



**CORPORATE AFFAIRS COMMISSION**

**ANNUAL RETURN OF A COMPANY LIMITED BY GUARANTEE**

COMPANY NAME	
COMPANY NO:	
REGISTERED ADDRESS	
TELEPHONE NO:	
EMAIL	

Physical and Postal Address at which the register of members is kept (if not kept at registered office)

Surname:					
Others Name:					
Nationality:		Age		Sex	
Residential Address( in case of a corporation the registered or principal office)					
	Tel No		P.O. Box		Email

**Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.**

Business occupation	
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**DETAILS**

**1<sup>st</sup> Director**

**2nd Director/ Secretary**

Name of Director		
Telephone No		
Address		
Signature		
Email		

**Submitted / Filed**

DAY		MONTH		YEAR	
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**Applicable fees shall/has been paid by : Mobile Money  Bank Transfer**

**PRESENTER DETAILS IF DIFFERENT FROM DIRECTOR/SECRETARY**

NAME	
ADDRESS	
TELEPHONE NO:	
CITY	
EMAIL	
SIGNATURE	

Annex statement with particulars of amount of indebtedness of the company in respect of all managers and changes.