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**FORM 531 THE COMPANIES ACT NO. 5 OF 2009**

**CORPORATE AFFAIRS COMMISSION**

**RECALL FORM**

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| **Section A** **Date of Incorporation**1. **Business Name**

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1. **Registration Type** *Mark* **X** *in appropriate box* ) Limited Liability Limited by Guarantee unlimited liability
2. **Type of Legal Entity**: Local Foreign Private Public
3. **Address**
4. **Mobile number 6. Email**
5. **Describe your Business Activity/Nature of Business Activity/Industrial Classification***(Mark* **X** *in appropriate box)*: Services Manufacturing Farming/Fisheries Commerce Transport/Communication Finance/Insurance/Real Estate Construction Banking Mining

If other specify…………………………………………………………………………1. **Name of contact person**
2. **Name of Secretary**
3. **Address of Secretary**

**11. Details of Shareholder(s)**Title (*Mark x in appropriate box*) Mr. Mrs. Miss SurnameFirst name Middle NameOccupation Date of birth Sex M FNationality  ID/Passport No. Title (*Mark x in appropriate box*) Mr. Mrs. Miss SurnameFirst name Middle NameOccupation Date of birth Sex M FNationality ID/Passport No. Title (*Mark x in appropriate box*) Mr. Mrs. Miss SurnameFirst name Middle NameOccupation Date of birth Sex M FNationality ID/Passport No. Title (*Mark x in appropriate box*) Mr. Mrs. Miss SurnameFirst name Middle NameOccupation Date of birth Sex M FNationality ID/Passport No. **Complete if shareholder is a Company**Company Name Date of Incorporation Business AddressPlease attach copy of Certificate of Incorporation **Note: Please attach valid coloured photocopy of your National Identification Card, NASSIT ID or Passport for Sierra Leoneans.Non-Sierra Leoneans shall attach coloured photocopy of passport and residential permit (if applicable). Use an additional sheet for shareholders information (where necessary)** 1. **Date of submission of last annual report and financial statement**
2. **Does a company have an existing charge YES NO**

**If yes please provide brief details** 1. **ACCOUNTING PERIOD OF THE COMPANY**
2. **PARTICULARS OF DIRECTORS**

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| **Name of director**  | **Address**  | **Signature** |
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National Revenue Authority Tax Identification Number (TIN) NASSIT Number **Documents listed from 1 to 10 MUST accompany every application**1. NAME OF COMPANY
2. CERTICATE OF INCORPORATION
3. CURRENT ADDRESS/LOCATION OF THE COMPANY
4. TELEPHONE NUMBER AND EMAIL OF BUSINESS, MOBILE NUMBER
5. NOMINAL ISSUED CAPITAL
6. NAME OF CONTACT PERSON OR PERSON TO RECEIVE DOCUMENT
7. SHARE HOLDERS PARTICULARS AND THEIR ID’S COPIED IN COLOURED
8. PARTICULARS OF DIRECTORS AND THEIR ID’S
9. DATE OF LAST ANNUAL REPORT AND FINANCIAL STATEMENT WITH ATTACHED COPIES
10. ACCOUNTING PERIOD OF THE COMPANY CURRENT OR INTENDED.
11. PARTICULARS OF TRANSFER OF SHARES WITH RELEVANT DOCUMENTS(IF ANY)
12. SECURITY/CHARGED CREATED WITH DOCUMENT.(IF ANY)

**\*If shareholders are more than ten(10) Kindly send us valid identification documents for at least five(5) majority and minority shareholders**  |