

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

FORM DD



THE COMPANIES ACT NO. 5 OF 2009

CORPORATE AFFAIRS COMMISSION



FORM FOR CERTIFIED COPY OF A DOCUMENT

NAME OF COMPANY	
COMPANY NO:	
REGISTERED ADDRESS	
EMAIL	

I _____ (SECRETARY/ DIRECTOR) OF THE ABOVE NAME COMPANY
REQUEST FOR THE CERTIFY COPY OF THE FOLLOWING DOCUMENT(S):

NAME OF DOCUMENT (S)	NO. OF COPY

DETAILS

1st Director

2nd Director/ Secretary

Name of Director		
Telephone No		
Address		
Signature		
Email		

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

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 (S)	
TEL/ EMAIL	
SIGNATURE	