

FORM 335



THE COMPANIES ACT NO. 5 OF 2009
CORPORATE AFFAIRS COMMISSION
NOTIFICATION OF APPOINTMENT OF MANAGER OR
RECEIVER



NAME OF COMPANY	
COMPANY NO	
REGISTERED ADDRESS	
TELEPHONE NO	
EMAIL	

1. Date of manager or receiver appointment

Date of appointment

Date	Month	Year

2. Manager or receiver details

Title	
Full forename(s)	
Surname	
Nationality	
Date of birth	
Occupation	
Address	

(This address should not be the company's registered address)

I consent to act as manager or receiver of the above named company

manager or receiver signature

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Submit copy of ID

(This form may be signed and authorized by: director, secretary)

DETAILS

1st 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 information

Contact name _____

Company name _____

Address _____

Telephone _____

Checklist

We may return forms completed incorrectly or with information missing

Please remember the following:

The company name and number match

You have provided a business occupation if you have one

You have provided a correct date of birth

You have completed the date of appointment

Completed nationality

New director has signed the form

You have provided an authorizing signature