

Companies Office Investment Promotion Authority

Form AR-20 | Renewal of business name registration

Section 9, Business Names Act 2014

Notes

The information on this form must be either typewritten or printed legibly in BLOCK letters.

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.

Place barcode here

Business Name

Registration number

Instructions on completing this renewal to business name registration

This form once completed should reflect all information about the business name registration as it exists on the date of filing this Form 4. For example, if the business has changed its principal place of business address, this Form 3 should show the new address. This form should also restate all current information about the business name registration.

2. Addresses

Has there been any change in address(es) for the business name? Yes No

If you answered "Yes" then provide all the relevant addresses for the business name registration as they exist as of the date of filing using Form C-60. If you answered "No" then proceed to item 3.

Principal place of business

Provide the suburb, street name and number, or allotment and section number. The district and province must be stated. If at the premises of a firm or in a building the particulars must be provided. A village address is insufficient. A PO Box is not allowed.

District and Province:

Additional places where business is conducted

District and Province:

If there is more than one additional location at which business is conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

Address for communication

Postal address to which communications from the Registrar may be sent.

Postal address:

District and Province:

Email address

This is the address to which communications from the Registrar will be sent. An email is required in order to use the on-line filings services.

Email address:

3. Details of business name being renewed

Has there been any change in ownership of the business name? **Yes** **No**

If you answered “Yes” then complete all of the information required using Form C-60. If you answered “No” then proceed to item 4.

Note: email address is optional. However, it is required if you are to be able to use the online services offered by the registry.

A. Owners that are natural persons

Full legal name: Residential address: Postal address: Email address:	Nationality: Gender: Month and year of birth: Foreign Certification Number Lookup for Overseas Investor
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Full legal name: Residential address: Postal address: Email address:	Nationality: Gender: Month and year of birth: Foreign Certification Number Lookup for Overseas Investor
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Full legal name: Residential address: Postal address: Email address:	Nationality: Gender: Month and year of birth: Foreign Certification Number Lookup for Overseas Investor
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B. Owners that are registered entities in Papua New Guinea

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

C. Owners that are entities but are not registered in a Papua New Guinea government registry

Exact name:	Postal address:
Type of entity:	Email address:
Name of contact person:	

If there are additional owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK LETTER format.

4. Business name activity

Has there been any change in the business activity conducted under the business name? **Yes** **No**

If you answered “Yes” then use Form C-60. If you answered “No” then proceed to item 5.

The following is now the primary type of business conducted under this business name.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Distribution | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Fisheries | <input type="checkbox"/> Tourism | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Fisheries | <input type="checkbox"/> Statutory company | <input type="checkbox"/> Construction | <input type="checkbox"/> Oil and gas |
| <input type="checkbox"/> Entertainment/catering | <input type="checkbox"/> Telecommunication | <input type="checkbox"/> Professional & other services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Information technology | <input type="checkbox"/> Other | |

5. 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: / /

6. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):

7. Checklist

The following must accompany this form:

- If an owner of the business name is an overseas investor, please include their Foreign Investor registration number on a separate page.
- The prescribed fee of - Please make cheques payable to 'Registrar of Companies'.