Form A-17 | Application for registration of business name

Section 4(1), Business Names Act 2014

Note

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

Place barcode here

1. Proposed business name

Note: the business name may not be identical or almost identical to the name of another active local or foreign company, association, business group, or previously registered active business name or active reservation of name. The business name may not mislead the public about the nature of the business and must not be deceptive or offensive. You may provide up to three proposed business names. If the preferred name is unavailable then the second option will be registered. If the second option is also unavailable then the third option will be registered.

Preferred business name:
Second option:
Third option:
2. Addresses
A. Principal place of business. A village address is not allowed.
Address line 1. Instructions: enter street name and number, or allotment and section number. PO Box is not allowed (required)
Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional)
City/Town (optional)
District (required)
Province (required)
Postcode (optional)

B. Additional places of business.

If there is an additional location(s) where 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.

C. Postal address

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

PO Box or Private Mai	Bag (required)	7
]
Post office location (o)	otional)	1
City/Town (optional)		
City/Town (optional)		
District (required)		2
Province (required)		1
D (1 ((; 1)		J
Postcode (optional)		1
		1
il address		
the address to which	Email address (required):	
nunications from the Registrar		
e sent. An email is <u>required</u>		
the on-line filings services.		

3. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.
- iii. If the owner(s) is an entity registered in Papua New Guinea under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.
- iv. If the owner(s) is an unregistered entity, you must provide the true legal name and type of entity, together with the other required information in Subpart C.

A. Owners that are natural persons

<u>First owner</u>				
Full legal name (required)				
Nationality (required)			Oth	ner nationalities, if applicable
Gender	Month and	year of birth (required)		
Male Female		/		
Email address		_ ,, ,,		
An email address is not mandato required to use the online regist		Email address:		
Foreign Certification Numbe (if you are not a PNG citizen,		btain a foreign investor certi	ication t	to be an owner of a business name)
		-		
Residential address				
Address line 1. Ins PO Box is not allow			er, or all	llotment and section number, or village name.
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Address line 2. Ins	structions: u	use this line if needed (such	as for a	apartment or suite number) (optional)
L City/Town/Village	e (optional)	1		
3.03/ 3.0/ 18	(0)			
District (required	if PNG addr	ress)		
Province/State/Te	erritory or e	equivalent (Province requir	ed if PN	IG address)
LCountry (required	d)			Post Code (optional)

<u>First owner</u> (continued) Postal address

Post office location			
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Otto /m			
City/Town			
Division of the Division of th	1		
District (required if PNG ad	aress)		
D	11 >		
Province (required if PNG a	adress)		
Country (required)			Post Code (optional)
egal name (required)		Other nationali	ities, if applicable
egal name (required)		Other nationali	ities, if applicable
egal name (required) onality (required)	nd year of birth (required)	Other nationali	ities, if applicable
egal name (required) nality (required) er Month a	nd year of birth (required)	Other nationali	ities, if applicable
Male Female	nd year of birth (required)	Other nationali	ities, if applicable
egal name (required) nality (required) er Month a	nd year of birth (required) / Email address:	Other nationali	ities, if applicable
egal name (required) nality (required) er Month at Male Female	/	Other nationali	ities, if applicable
er Month and Male Female address ail address is not mandatory, but is	/	Other nationali	ities, if applicable

Second owner (continued)

Residential address

Address line 1. Instructions: enter street name and number, or allotment and se PO Box is not allowed (required)	ction number, or village name.
Address line 2. Instructions: use this line if needed (such as for apartment or su	uite number) (optional)
City/Town/Village (optional)	
District (required if PNG address)	
Province/State/Territory or equivalent (Province required if PNG address)	
Country (required)	Post Code (optional)
Postal address	
Address line 1. PO Box or Private Mail Bag required if in PNG	
Post office location	
City/Town	
District (required)	
Province (required)	
Country (required)	Post Code (optional)

hird owner			
ll legal name (required)			
tionality (required)		Other nationalities	s, if applicable
ender Month an	d year of birth (required)		
Male Female	/		
nail address	<u> </u>		
email address is not mandatory, but is uired to use the online registry.	Email address:		
eign Certification Number			
you are not a PNG citizen, you must o	obtain a foreign investor certific	ation to be an owner	of a business name)
sidential address			
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Post office location			
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	Province (required)		
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Country (required) Post Code (op			D + C 1 (· · ·
	Country (required)		Post Code (optiona

ristry	
Full legal name (required)	
Entity Type (optional)	
Email	
Name of Contact Person	
Foreign Certification Number	
if you are not a PNG citizen, you must obtain a foreign investor certificatio	on to be an owner of a business name)
Entity Number	
y	
Postal address Address line 1. PO Box or Private Mail Bag required if in PNG	
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Address line 1. PO Box or Private Mail Bag required if in PNG	
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Address line 1. PO Box or Private Mail Bag required if in PNG Post office location City/Town District (required)	Post Code (optio

I. Business Activity The following is the primary type of business to be conducted under this business name (tick only one box)
Agriculture, hunting, forestry
Fishing
Mining and quarrying
Manufacturing
Electricity, gas and water supply
Construction
Wholesale and retail trade, sale and repair of motor vehicles, motor cycles, personal and household goods
Hotels and restaurants
Transport, storage and communications
Financial intermediation
Real estate, renting and business service activities
Public administration and defence, compulsory social security
Education
Health and social work
Other community, social and personal service activities
Private households with employed persons
Extra-territorial organization and bodies
5. Date of commencement of business activity The date may not be more than three months after the date of registration

6. Signed by authorised person(s)

I certify that the information in this form is true and correct.

Owner/Autho	rised signer #1					
Printed Name:						
Signature:						
Designation: [Owner or	Authorised person	Date:	/	/	
Owner/Autho	rised signer #2					
Printed Name:						
Signature:						
Designation: [Owner/Autho	Owner or rised signer #3	Authorised person	Date:	/	/	_
Printed Name:						
Signature:						
Designation:	Owner or	Authorised person	Date:	/	/	

Owner/Authorised signer #4	
Printed Name:	
Signature:	
Designation: Owner or Authorised person Date: / /	
7. Lodged by	
Name: Other contact details: Telephone:	
Address: Email (optional):	
8. Checklist The following must accompany this form: The prescribed fee must accompany this form.	