

Companies Office Investment Promotion Authority

Form 19 | Notice of change of address for service

Section 168(2), Companies Act 1997

Notes

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

Place barcode here

Company name

Company number

1. Addresses

New address for service:

See instructions below for completing this information properly.

District and Province:

Address for communication

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

Postal address:
District and Province:

Email address

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

Email address:

Instructions

- A company must have an address for service in Papua New Guinea.
- The address for service may be the company's registered office or another place, but it must be a readily identifiable street address. It may not be a PO Box. A village address is not acceptable.
- The address must include the suburb, street name and number or the allotment and section number or partial section number.
- If the address for service is at the office of any firm of chartered accountants, law practitioners, or any other person, you must also state the particulars of the location in any building of those offices in the address.
- If the address for service is not at the office of any such firm but is located in a building occupied by persons other than the company, the particulars of its location in the building must be stated.
- The address for communication may be a postal address or the same as the registered office.

2. Effective date of change

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Note: A change in the address for service will be effective -

- five working days after this notice is registered with the Registrar; or
- any date specified in the notice as the date on which the change is to be effective so long as it is five working days after the date this notice is registered.

3. Signed by director or 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)

Designation: Director or authorised person

Signature:

Date: / /

4. Lodged by

Name:

Address:

Telephone:

Email (optional):