

# Companies Office Investment Promotion Authority

## Form 50 | Notice of change of director or resident agent of overseas company

Section 389(1)(b) &(d), Companies Act 1997

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

Place barcode here

### 1. Overseas company name

### Overseas company number

*This is the registration number in  
Papua New Guinea*

### 2. Directors (complete only if applicable)

The following person(s) has been appointed as a director of the proposed company.

**Note:** *If there are more than four directors appointed please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.*

Full legal name:	Nationality:
Residential address:	Gender:
Postal address:	Date of Birth:
Date of appointment:	Email address:

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Full legal name:	Nationality:
Residential address:	Gender:
Postal address:	Date of Birth:

### 3. Cessation of director (complete only if applicable)

The following person(s) has ceased to hold the position of Director of the company

**Note:** *If there are more than four directors that have ceased to be directors please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.*

Full legal name:	Gender:
Date of cessation as a director:	Date of Birth:

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#### 4. Change in particulars of existing Director(s) (complete only if applicable)

The name, address, or other details of following Director(s) has changed. The following is a statement of the current particulars of the director(s).

**Note** | If more than three directors have changed their details, please attach a separate sheet containing the information set out in the prescribed format. All information should be in BLOCK letter format.

Full legal name:	Nationality:
Residential address:	Gender:
Postal address:	Date of Birth:
Date of appointment:	Email address:

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Full legal name:	Nationality:
Residential address:	Gender:
Postal address:	Date of Birth:
Date of appointment:	Email address:

## 5. Appointment of resident agent (complete only if a new agent has been appointed)

**Note:** a resident agent must be a person resident or incorporated in Papua New Guinea who is authorized to accept service of documents.

If the person authorized to accept service is a natural person, complete this box:

Full legal name:
Residential address:
Postal address:

*With regard to the address, provide the suburb, street name and number, or allotment and section number. The district and province must be stated. A village address is insufficient.*

If the person authorized to accept service is a registered entity, complete this box:

Full registered name:
Registration number in Papua New Guinea:

*If the person authorized to accept service is a registered entity, please refer to the registered office address of that entity.*

## 6. Cessation of appointment of resident agent (complete only if applicable)

If the person no longer authorized to accept service is a natural person, complete this box:

Full legal name:
Residential address:
Postal address:

*Initials in the name are insufficient. With regard to the address, provide the suburb, street name and number, or allotment and section number. The district and province must be stated. A village address is insufficient.*

If the person no longer authorized to accept service is a registered entity, complete this box:

Full registered name:
Registration number in Papua New Guinea:

*If the person authorized to accept service is a registered entity, please refer to the registered office address of that entity.*

## 7. Signed by director or authorised person

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

Name:

Signature: .....

*(Please give first name(s) followed by surname in BLOCK letters)*

Designation:  Director or  authorised person

Date:

## 8. Lodged by

Name:  
  
  
Address:

Telephone:

Email (optional):

## 9. Checklist

The following must accompany this form:

- The prescribed fee of **K200.00** must accompany this form. A prescribed fee of **K150.00** is payable if lodged through the *Online Registry Service*. Please make cheques payable to 'Registrar of Companies'.

Please deliver documents to: Investment Promotion Authority, \_\_\_\_\_.