

VANUATU FINANCIAL SERVICES COMMISSION

PMB 9023, PORT VILA

Request For/Report on Name Availability

Request Submitted By:

Reply for attention of :

Fax No. for reply:

Request Date:

	<u>NAME</u>	<u>ENTITY TYPE</u> IC/CA/BN	<u>AVAILABILITY</u>
1.	_____	_____	_____

2.	_____	_____	_____

3.	_____	_____	_____

4.	_____	_____	_____

Please send this form when completed to

Signed _____

For Financial Services Commission

Date _____
(For Commission Use Only)

Fax (678) 22242