

## Form 15B | Court ordered amalgamation

Section 136 and Schedule 6 Clause 3, Companies Act 2012

### Note

If there is insufficient space on the form to supply the required information, 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.

**For office use only**

Document number

*Place barcode here*

### 1. Names and registration numbers of companies participating in amalgamation

Name of company

Registration number

Name of company

Registration number

Name of company

Registration number

Name of company

Registration number

**Note** | If there are more than four companies participating in the amalgamation please attach a separate sheet containing the information set out in the prescribed format for all such companies. All names should be in BLOCK letter format.

### 2. Name of amalgamated company

Name of company

### 3. Date of amalgamation (if applicable)

Date (dd/mm/yyyy):

Note: when applicable, insert the effective date upon which the amalgamation is to become effective under the amalgamation proposal. The date must be the date this form is submitted to the Registrar or a later date. Where no date is specified or if the date specified is earlier than the date of submission of this Form to the Registrar, the date the amalgamation is effective will be the date the application for amalgamation was received by the Registrar.

**4. Addresses for the amalgamated company**

**Address of registered office**

Must be a physical address in Vanuatu. Must not be a PO Box or Private Bag address.

Province or Municipality:

**Postal address**

Postal address to which communications from the Registrar may be sent (eg PO Box)

Postal address:
Province or Municipality:

Email address:
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**5. Directors**

The following persons are the directors of the amalgamated company. The Applicant attests that all of the following named directors have consented to act in that capacity.

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

Full legal name:	Registration number (if a registered entity):
Physical address:	Email:
Postal address:	Gender (if a natural person):
Mobile Phone:	Nationalities/jurisdictions:

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Postal address:	Gender (if a natural person):
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Physical address:	Email:
Postal address:	Gender (if a natural person):
Mobile Phone:	Nationalities/jurisdictions:

**6. Shareholders**

The following person(s) are the shareholder(s) of the amalgamated company. The Applicant attests that the person(s) shown as shareholder(s) has consented to act in this capacity.

**Instructions for completing shareholder information**

1. If there are more than three shareholders please attach a separate sheet containing the information set out in the prescribed format. All names should be set out in BLOCK letter format.
2. If the shareholder is a natural person, provide their first name followed by their surname. If the shareholder is a registered entity (such as another company), provide the entity name and registration number.
3. If shares are jointly held, provide the particulars of each shareholder within a single box below.

Number of shares:	Registration number (if a registered entity):
Name(s) of shareholder(s):	Gender (if a natural person):

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**Total number of shares:**

Is there more than one class of shares for this company?       Yes       No

If yes, attach a separate sheet that sets out the particulars of the different classes of shares.

**7. Signature and declaration**

I certify that the above companies seek amalgamation and the information in this form is true and correct, and the copy of every document submitted with this form is a true and correct copy of the original document.

**Signed by proposed director or authorised person of the amalgamated company**

Name:       Signature: .....

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

Designation:     Director       Authorised person      Date (dd/mm/yyyy):

### 8. Lodged by

Name:
Address:

**Other contact details:**

Telephone:
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Email:
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### 9. Checklist

The following must accompany this form:

A certified copy of the court order

The prescribed fee