

Form 4 | Transfer of business name

Section 10(2) Business Names Act [Cap. 211]

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.

THIS MUST BE COMPLETED BY THE FORMER OWNER. A NEW APPLICATION MUST BE COMPLETED BY THE NEW OWNER.

For office use only

Document number

Place barcode here

Business name:

Registration number:

1. Date of transfer of business name to new owner (the transferee)

The transfer of the business name must be made within one month of the change occurring, unless otherwise permitted by the registrar.

A new application (Form 2) for the business name must also be made by the transferee of the business.

2. Name of former user or users:

3. Name of new user or users:

4. Applicant signatures (the applicant is the former owner the new owner must complete Form 2)

By signing below, the applicant(s) declares to the best of their knowledge and belief that the information provided in this application is correct.

- Any person who, without reasonable excuse fails to lodge any change in particulars required to be registered within the time specified commits an offence and shall be liable on conviction to a fine not exceeding VT50,000. (section 11(3) Business Names Act [Cap. 211]).
- This application must be signed, in the case of an individual, by that individual; in the case of a firm, by any partner of the firm; in the case of a corporation, by a director or secretary of the corporation; and in the case of a group, every individual, a partner of every firm, or a director or secretary of every corporation comprised in the group.
- Where there is more than one applicant, each must provide their full legal name and postal address. Email will be the main form of communication, therefore we request you provide a regularly used email address. If there are more than two applicants, please separately attach the signature sheets.

Full legal name of applicant*:	Signature:
Postal address of applicant:	Date:/...../.....
Email address of applicant:	

Full legal name of applicant*:	
Postal address of applicant:	Signature:
Email address of applicant:	Date:/...../.....

** In the case of a natural person, please give first name(s) followed by surname in BLOCK letters.*

5. Lodged by

Name:
Address:

Other contact details:

Telephone:
Email (optional):

6. Checklist

The following must accompany this form:

Prescribed fee.

Please deliver documents to Vanuatu Financial Services Commission, Companies House, Rue Bougainville, PMB 9023, Port Vila, Efate, Vanuatu