

Form 24 | Annual return of overseas company

Section 161 Companies Act 2012

Notes

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

Overseas company name

Company number in Vanuatu

1. Date of annual return

The information on the Vanuatu register in respect of the abovenamed company is correct at the date of this return.

Date (dd/mm/yyyy):

Note: If information on the Vanuatu company registry is not accurate, the company must submit a change filing that contains the updated information.

2. Business Sector

Please indicate (circle or underline) the primary sectors your company operates in:

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| - Agriculture, forestry, and fishing | - Real estate activities |
| - Mining and quarrying | - Professional, scientific, and technical activities |
| - Manufacturing | - Administrative and support service activities |
| - Electricity, gas, steam, and air conditioning supply | - Public administration and defence; compulsory social security |
| - Water supply; sewerage, waste management, and remediation activities | - Education |
| - Construction | - Human health and social work activities |
| - Wholesale and retail trade; repair of motor vehicles and motorcycles | - Arts, entertainment, and recreation |
| - Transportation and storage | - Other service activities |
| - Accommodation and food service activities | - Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use |
| - Information and communication | - Activities of extraterritorial organizations and bodies |
| - Financial and insurance activities | |

3. Signed by director or authorised person

Name:

Signature:

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

Designation: ☐ Director

☐ Authorised person

Date (dd/mm/yyyy):

4. Lodged by

Name:	Other contact details:
Address:	Telephone:
	Email:

5. Checklist

The following must accompany this form:

- ☐ The prescribed fee
- ☐ UBO Declaration Form