

Form 27 | Application for re-registration of an overseas company

Section 209, 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

Name of existing company

Company Number

1. Date of Registration

Date (dd/mm/yyyy):

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2. Addresses

Address of place of business or principal place of business of overseas company

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

Province or Municipality:

Postal address to which communications from the Registrar may be sent(eg PO Box) (this may be the same as the registered office only if the postal service delivers to that address).

Postal address:

Province or Municipality:

Email address:

3. Person(s) authorised to accept service in Vanuatu of documents on behalf of the company

The following person resident (or entity incorporated) in Vanuatu is authorised to accept service in Vanuatu of documents on behalf of the company.

Note: If more than one person is authorised to accept service in Vanuatu, provide information about each such person on a separate sheet attached to this application. Provide information in BLOCK letter format. In the case of a natural person, give first name(s) followed by surname in BLOCK letters.

Full name: *

Physical Address:
Must be an address in Vanuatu
Province or Municipality (e.g., Port Vila):

4. Directors

The following persons are the directors of the company. All of the following named directors have consented to act in that capacity.

Note: If there are more than three directors, attach a separate sheet containing the information set out in the prescribed format. Provide information in BLOCK letter format, with first name(s) followed by surname.

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

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

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

5. Business Sector

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

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

6. Applicant(s)

DECLARATION: By signing this application, we declare that all information in this re-registration for is true, correct and up-to-date. The applicants will not hold VFSC responsible for any information to be included in the company registry, provided to the VFSC that is incorrect or misleading.

Where there is more than one applicant, each must provide their full legal name and postal address (eg PO Box). As email will be the main form of communication, please provide a regularly used email address. In the case of a natural person, please give first name(s) following by surname in BLOCK letters.

Full legal name of applicant*:	
Postal address of applicant:	Signature:

Full legal name of applicant*:	
Postal address of applicant:	Signature:

8. Lodged by

<div style="height: 40px; margin-bottom: 10px;">Name:</div> <div style="height: 40px;">Address:</div>	Other contact details: <div style="height: 25px; margin-bottom: 10px;">Telephone:</div> <div style="height: 25px;">Email:</div>
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9. Checklist

The following must accompany this form:

- ☐ The prescribed fee
- ☐ UBO Declaration Form

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