

Vanuatu Financial Services Commission (VFSC)

Application for Registration of a Partnership Guide

Under the Partnership Act [CAP 92]

SECTION 1: PARTNERSHIP DETAILS

1.1 Proposed Partnership Name

1.2 Trading / Business Name (if applicable)

(If different from partnership name; must be registered under the Business Names Act)

1.3 Principal Place of Business (Physical Address)

Island: _____

1.4 Postal Address

1.5 Contact Details

Telephone: _____

Email: _____

SECTION 2: PARTNERSHIP STRUCTURE

2.1 Type of Partnership

- General Partnership
- Limited Partnership (LP)
- Other (specify): _____

2.2 Date Partnership Was Formed / Will Be Formed

____ / ____ / ____

2.3 Description of Business Activities

SECTION 3: PARTNER DETAILS

(Each partner must complete a separate Partner Information Sheet attached to this form.)

3.1 Number of Partners: _____

Partner Information Sheet (attach one per partner)

Full Legal Name: _____

Date of Birth / Incorporation: _____

Nationality / Jurisdiction: _____

Residential / Registered Address: _____

Role in Partnership: Partner General Partner Limited Partner

Percentage Ownership / Interest: _____

Identification (attach copy):

Passport Vanuatu National ID Driver's Licence Company Certificate

SECTION 4: SOURCE OF FUNDS / CAPITAL CONTRIBUTION

5.1 Total Capital of the Partnership: VT _____

5.2 Source of Funds for Capital Contributions:

(Provide documentary proof: bank statements, loan agreements, declarations, etc.)

5.3 Supporting Documents Attached:

Bank Statements

Loan Agreement(s)

Capital Contribution Schedule

Other: _____

SECTION 5: PARTNERSHIP AGREEMENT

Attach a signed copy of the:

Partnership Agreement / Statement Establishing the Partnership

Date of execution: _____ / _____ / _____

SECTION 7: DECLARATIONS

7.1 Declaration by Partners

We, the undersigned partners, declare that: - The information provided in this application is true and correct. - The partnership is formed in accordance with the Partnership Act [CAP 92]. - All key persons have been disclosed. - The source of funds provided is accurate and lawful. - We understand our obligation to notify the Registrar of any changes to key persons or partnership details within **14 days**.

Partner 1 Signature: _____

Name: _____

Date: ____ / ____ / ____

Partner 2 Signature: _____

Name: _____

Date: ____ / ____ / ____

(Attach additional signature pages for more partners.)

SECTION 8: APPLICATION CHECKLIST

- Completed Application Form
 - Partner Information Sheets (one per partner)
 - Partnership Agreement attached
 - Key Person details (UBO form) & valid IDs attached , Police Clearance

 - Source of Funds documentation attached
 - Registration Fee Paid (VT 20,000)
 - Business Name Registration (if applicable)
-

SECTION 9: FOR VFSC OFFICE USE ONLY

Application No.: _____

Received Date: ____ / ____ / ____

Assessed By: _____

Endorsed By: _____

Recommendation: Approve Reject

Decision: Approved Rejected

Approved By: _____

Date of Registration: ____ / ____ / ____

Notes:
