

**FORM 10**



**REPUBLIC OF NAURU**

**BUSINESS NAMES REGISTRATION ACT 2018**

*[Section 22, Regulation 13]*

**APPLICATION FORM FOR RESTORATION OF BUSINESS NAME**

To: The Registrar of Business Names, Nauru

I/We.....(and ), hereby request for the restoration of business name and state that the following are the particulars of the business which I/We are carrying on or intend to continue to carry on in Nauru under a business name:

Full name of the individual	
Surname	
Forename	
Usual residential address	
Correspondence address (if different from address of the business)	
Nationality (if the nationality is not the nationality of origin, specify the nationality of origin)	
Date of Birth	
Gender	
Residential address	
Contact address	
Email address	
Telephone number	
Tax Identification Number (individual owner)	
Business name under which the business is or will be carried on	
Nature of business	
State the general nature of the business	
Principal place of business	
Any other place of business	
Date of commencement of the business	

Tax Identification Number issued by Nauru Revenue Office	
If any other business owned by the individual ( <i>specify the business name or names</i> )	
Note: To be filled by a foreign individual who is the owner of the business	
Permanent address of the foreigner in the country of registration ( <i>applicable only to foreigners</i> )	
Tax Identification Numbers in the foreign country ( <i>applicable only to foreigners</i> )	

State the reasons why the business name should be restored:

.....  
 .....  
 .....  
 .....

#### Declaration

I/We the applicant of the business name .....(*state name*) of .....(*address*),.....(*occupation*), do solemnly and sincerely declare that (*set out matter declared using numbered paragraphs if it is lengthy*):

And I/We make this solemn declaration by virtue of the *Oaths, Affirmations and Statutory Declarations Act 1976* conscientiously believing in the statement contained therein to be true in every particular.

Signed by the person filing this form.....

Name of person filing this form:\*.....

Date:.....

NOTE: Any person making a false statement is guilty of an offence and is liable to imprisonment for 5 years.

\*If the person filing this form is not owner of the business, provide the following details for that person:

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	