FORM 9



REPUBLIC OF NAURU

BUSINESS LICENCES ACT 2017

Business Licences Regulations 2018

APPLICATION FOR TRANSFER OF LICENCE

[Section 20, Regulation 9]

Business Licence to be transferred	
Business Reference Number (Business	
Licence Number)	

1. Transferor

Full name of the individual	
Surname	
Forename	
Gender	
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	

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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 (specify the business name or names)		
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 (applicable only to foreigners)		
Tax Identification Numbers in the foreign country (applicable only to foreigners)		

2. Transferee

Full name of the individual	
Surname	
Forename	
Gender	
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	
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	

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FORM 9

BUSINESS LICENCES REGULATIONS 2018

Date of commencement of the business		
Tax identification Number issued by Nauru Revenue Office		
If any other business owned by the individual (specify the business name or names)		
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 (applicable only to foreigners)		
Tax identification numbers in the foreign country (applicable only to foreigners)		
3. Declaration		
11	icence	
	eclaration by virtue of the Oaths, Affirmations and Statutory ously believing in the statement contained therein to be true in	
Signed by the person filing this fo	orm	
Name of person filing this form:*		
Date:		
NOTE: A person making a false statement is guilty of an offence and liable to imprisonment		

NOTE: A person making a faise statement is guilty of an offence and flable to imprisonment for 5 years.

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