

FORM 3



REPUBLIC OF NAURU
REGISTRATION OF ASSOCIATIONS ACT 2020

[Section 19; Regulation 6]

**APPLICATION FORM FOR DUPLICATE COPY OF CERTIFICATE OF
REGISTRATION**

To:

The Registrar of Associations
Republic of Nauru

PART 1 – ASSOCIATION DETAILS	
Name of association	
Association registration number	
Address	
Telephone	
Email	
PART 2 – PERSON APPLYING FOR DUPLICATE COPY	
Full name	
Address	
Telephone	
Email	
PART 3 – REASONS FOR REQUESTING DUPLICATE COPY	
I am duly authorised to make by the Association to request for a duplicate copy of the certificate.	
Dated at this day of 20	
Signed by the authorised person:	
Full name:	
Position in Association:	
Application endorsed by (<i>an executive member should endorse</i>):	
Name of person endorsing application:	
Position of person endorsing application:	
Payment receipt number:	

OFFICIAL PURPOSES

Received by:

(Full name of officer)

Date: / / 20

Time: am / pm

Application number: