FORM 4



APPLICATION FOR TRANSFER OF CERTIFICATE OF REGISTRATION OF PARTNERSHIP

[Section 16(2); Regulation 7]

To: The Registrar of Partnerships Republic of Nauru

Name of partnership to be transferred			
PART 1: TRANSFEROR			
Full names of the partners of the firm			
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			
Taxpayer Identification Number			
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 Taxpayer Identification Number issued by Nauru Revenue Office If any other business owned by the a partner (specify the business name or names)		
Nauru Revenue Office If any other business owned by the a partner (specify the business name or		
partner (specify the business name or		
names)		
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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)		
Taxpayer Identification Numbers in the		
foreign country (applicable only to		
foreigners)		
PART 2: TRANSFEREE		
Full names of the partners of the firm		
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		
Taxpayer Identification Number (individual owner)		
Business name under which the business is		
or will be carried on		
Nature of business		
Principal place of business		
Any other place of business		
Date of commencement of the business		
Taxpayer Identification Number issued by Nauru Revenue Office		
If any other business owned by a partner		
(specify the business name or names)		
Note: To be filled by a foreign partner who		
is the owner of the business		
Permanent address of the foreigner in the		
country of registration (applicable only to		
foreigners)		
Taxpayer Identification Numbers in the		
foreign country (applicable only to		
foreigners)		

PART 3: DECLARATION		
We,		
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:		
Declared at		
NOTE: A person making a false statement is guilty of an offence and is liable to imprisonment for 5 years.		