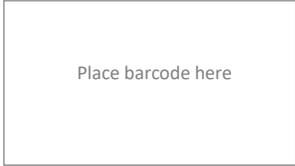


# Form A-17 | Application for registration of business name

Section 4(1), Business Names Act 2014



## Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format. The information must be either typewritten or printed legibly in BLOCK letters.

## 1. Proposed business name

*Note: the business name may not be identical or almost identical to the name of another active local or foreign company, association, business group, or previously registered active business name or active reservation of name. The business name may not mislead the public about the nature of the business and must not be deceptive or offensive. You may provide up to three proposed business names. If the preferred name is unavailable then the second option will be registered. If the second option is also unavailable then the third option will be registered.*

Preferred business name:

Second option:

Third option:

## 2. Addresses

### A. Principal place of business.

A village address is not allowed.

Address line 1. Instructions: enter street name and number, or allotment and section number. PO Box is not allowed (required)

Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional)

City/Town (optional)

District (required)

Province (required)

Postcode (optional)

**B. Additional places of business.**

If there is an additional location(s) where business is conducted, please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.

**C. Postal address**

Postal address to which communications from the Registrar may be sent.

PO Box or Private Mail Bag (required)

Post office location (optional)

City/Town (optional)

District (required)

Province (required)

Postcode (optional)

**Email address**

This is the address to which communications from the Registrar will be sent. An email is required to use the on-line filings services.

Email address (required):

### 3. Details of owners

Provide the true name and business address of each person or entity that has an ownership or other control interest in the business to be transacted under the business name. The following rules apply:

- i. If the owner(s) is a natural person, you must provide their full legal name and other pertinent information in subpart A.
- ii. If the owner is an unregistered partnership, list the names of the individual partners in Subpart A.
- iii. If the owner(s) is an entity registered in Papua New Guinea under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.
- iv. If the owner(s) is an unregistered entity, you must provide the true legal name and type of entity, together with the other required information in Subpart C.

#### A. Owners that are natural persons

##### First owner

Full legal name (required)

Nationality (required)

Other nationalities, if applicable

Gender

Male  Female

Month and year of birth (required)

Email address

An email address is not mandatory, but is required to use the online registry.

Email address:

Foreign Certification Number

(if you are not a PNG citizen, you must obtain a foreign investor certification to be an owner of a business name)

Residential address

Address line 1. Instructions: enter street name and number, or allotment and section number, or village name. PO Box is not allowed (required)

Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional)

City/Town/Village (optional)

District (required if PNG address)

Province/State/Territory or equivalent (Province required if PNG address)

Country (required)

Post Code (optional)

**First owner (continued)**

**Postal address**

Address line 1. PO Box or Private Mail Bag required if in PNG

Post office location

City/Town

District (required if PNG address)

Province (required if PNG address)

Country (required)

Post Code (optional)

**Second owner**

Full legal name (required)

Nationality (required)

Other nationalities, if applicable

Gender

Male

Female

Month and year of birth (required)

Email address

An email address is not mandatory, but is required to use the online registry.

Email address:

Foreign Certification Number

(if you are not a PNG citizen, you must obtain a foreign investor certification to be an owner of a business name)

**Second owner (continued)**

**Residential address**

Address line 1. Instructions: enter street name and number, or allotment and section number, or village name.  
PO Box is not allowed (required)

Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional)

City/Town/Village (optional)

District (required if PNG address)

Province/State/Territory or equivalent (Province required if PNG address)

Country (required)

Post Code (optional)

**Postal address**

Address line 1. PO Box or Private Mail Bag required if in PNG

Post office location

City/Town

District (required)

Province (required)

Country (required)

Post Code (optional)

**Third owner**

**Full legal name (required)**

**Nationality (required)**

**Other nationalities, if applicable**

**Gender**

Male  Female

**Month and year of birth (required)**

**Email address**

An email address is not mandatory, but is required to use the online registry.

Email address:

**Foreign Certification Number**

(if you are not a PNG citizen, you must obtain a foreign investor certification to be an owner of a business name)

**Residential address**

Address line 1. Instructions: enter street name and number, or allotment and section number, or village name. PO Box is not allowed (required)

Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional)

City/Town/Village (optional)

District (required if PNG address)

Province/State/Territory or equivalent (Province required if PNG address)

Country (required)

Post Code (optional)

**Postal address**

Address line 1. PO Box or Private Mail Bag required if in PNG

Post office location

City/Town

District (required)

Province (required)

Country (required)

Post Code (optional)

**B. Owners that are registered entities in Papua New Guinea**

Registration number

Entity Name

Entity Type

Email

Postal address

Address line 1. PO Box or Private Mail Bag required if in PNG

Post office location

City/Town

District (required)

Province (required)

Country (required)

Post Code (optional)

**C. Owners that are entities but are not registered in a Papua New Guinea government registry**

Full legal name (required)

Entity Type (optional)

Email

Name of Contact Person

Foreign Certification Number

(if you are not a PNG citizen, you must obtain a foreign investor certification to be an owner of a business name)

Entity Number

**Postal address**

Address line 1. PO Box or Private Mail Bag required if in PNG

Post office location

City/Town

District (required)

Province (required)

Country (required)

Post Code (optional)

#### 4. Business Activity

The following is the primary type of business to be conducted under this business name (tick only one box):

- Agriculture, hunting, forestry
- Fishing
- Mining and quarrying
- Manufacturing
- Electricity, gas and water supply
- Construction
- Wholesale and retail trade, sale and repair of motor vehicles, motor cycles, personal and household goods
- Hotels and restaurants
- Transport, storage and communications
- Financial intermediation
- Real estate, renting and business service activities
- Public administration and defence, compulsory social security
- Education
- Health and social work
- Other community, social and personal service activities
- Private households with employed persons
- Extra-territorial organization and bodies

#### 5. Date of commencement of business activity

*The date may not be more than three months after the date of registration*

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## 6. Signed by authorised person(s)

I certify that the information in this form is true and correct.

### Owner/Authorised signer #1

Printed Name:

Signature:

Designation:  Owner or  Authorised person

Date:

### Owner/Authorised signer #2

Printed Name:

Signature:

Designation:  Owner or  Authorised person

Date:

### Owner/Authorised signer #3

Printed Name:

Signature:

Designation:  Owner or  Authorised person

Date:

Owner/Authorised signer #4

Printed Name:

Signature:

Designation:  Owner or  Authorised person

Date:

**7. Lodged by**

Name:

Address:

**Other contact details:**

Telephone:

Email (optional):

**8. Checklist**

The following must accompany this form:

The prescribed fee must accompany this form.