

FORM 4**REPUBLIC OF NAURU****BUSINESS NAMES REGISTRATION ACT 2018***[Section 10, Regulation 4(1)(d)]***APPLICATION FORM FOR REGISTRATION OF BUSINESS NAME BY A TRUST**

To: The Registrar of Business Names, Nauru

1. Details of the Trust:

Name of the Trust	
Date and place of registration of the Trust	
Nature of Trust	
State the general nature of the business of the trust	
Principal place of business of the trust	
Any other place of business of the trust	
Date of commencement of the business	
Tax identification Number issued by Nauru Revenue Office	
Email address	
Telephone number	

2. Other businesses of the Trust: (If the Trust has 2 or more businesses)

Business name of other business owned by the Trust	
Address of the other business	
Date of commencement of the other business	
Telephone number	

3. Details of trustees who are individuals

Provide the following details for each of the trustees who are individuals:

Trustee 1

Full name	
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Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	

Trustee 2

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	

Trustee 3

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	

4. Details of corporate trustee

If a trustee is a corporate entity, provide the following details:

Full legal name	
Jurisdiction of incorporation	
Date of incorporation	
Business address	
Email address	
Telephone number	
Date appointed	

5. Details of beneficiaries

Provide the following details for each beneficiary who is known or ascertainable:

FORM 4

BUSINESS NAMES REGISTRATION REGULATIONS 2018

Beneficiary 1

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

Beneficiary 2

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

Beneficiary 3

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

6. Documents

Attach a copy of the following documents to this form:

- (a) trust registration certificate under the *Trusts Act 2018*;
- (b) Tax identification Number issued by Nauru Revenue Office; and
- (c) birth certificate, drivers licence or bio page of passport.

7. Declaration

Pursuant to Section 10(2)(d) of the Act, I/We the undersigned apply for registration of business name under Section 10.

I/We the applicant (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.

Name (Trustee): Signature:.....

Date:.....

Name (Trustee):.....Signature:.....

Date:.....

Declared at.....this.....day of 20.....

Before me:

(Signature)

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