

# Business Registries Office, Kingdom of Tonga

## Form 8 | Application for reinstatement of business name registration

Section 15, Business Names Act 2013

### 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.

For official use only

The information on this form must be either typewritten or printed legibly in BLOCK letters.

### 1. Business Name

### Registration number

The completed Form should show all information about the business name as it exists on the date of filing this Form.

### 2. Addresses

#### Principal place of business

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed

Island group:

#### Additional places where business is conducted

Island group:

Island Group:

Island Group:

*If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format. All addresses should be in BLOCK letter format.*

#### Postal address (if different)

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

Postal address:
Island Group:

#### Email address

If an email is provided this is the address to which communications from the Registrar will be sent. An email is required to use the on-line filing services.

Email address:

### 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 the Kingdom of Tonga 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 legal entity (for example, a trust), you must provide the true legal name and type of entity, together with the other required information in Subpart C.

**Note:** email address is optional. However, it is required if you are to be able to use the online services offered by the registry.

**A. Owners that are natural persons**

Full legal name:	Nationality:
Address:	Gender:
Postal address:	Date of Birth:
Email address:	

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Address:	Gender:
Postal address:	Date of Birth:
Email address:	

**B. Owners that are registered entities in the Kingdom of Tonga**

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

Exact registered name:	Postal address:
Type of registered entity:	Email address:
Registration number:	

**C. Owners that are entities but that are not registered in the Kingdom of Tonga**

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

Exact name:	Postal address:
Type of entity:	Email address:
Registration number in home jurisdiction (if applicable):	

*If there are more natural persons, registered entities or non-registered entities that are owners please attach a separate sheet containing the information set out in the prescribed format. All names should be in BLOCK letter format.*

**4. Nominee or trustee owners**

Are any owners acting on behalf of third parties?

Yes

☐

No

☐

If “Yes” is checked then attach a separate sheet to this application that lists the full legal name of the third party and explains the relationship between the owner(s) listed on this application and the third party.

**5. Business name activity**

The following is the principal activity carried out under this business name:

Services	Entertainment/ catering	Therapeutic Goods Sale	Retail
Professional Service	Financial Institutions	Flammable Goods Sale	Distribution
Manufacturing/ Processing	Telecommunication	Transportation (non-taxi)	Tourism
Agriculture	Information technology	Taxi service	Construction
Fisheries	Liquor Sales	Recycling service	Export
Import	Others (must specify)		

**6. Signed by authorised person**

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

Name:

(Please give first name(s) followed by surname in BLOCK letters)

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:

- ☐ If there are additional owners that are not able to fit on this form then their names must appear on an attached sheet in BLOCK format.
- ☐ If there are beneficial owners then their names must appear on an attached sheet.
- ☐ If a person who now has an ownership or other control interest in the business is not resident in the country, provide a copy of their passport.
- ☐ The prescribed fee of \$50 together with any penalty amounts. Please make cheques payable to ‘Registrar of Business Names’.

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Please deliver documents to: Ministry of Commerce, Tourism and Labour