



THE REGISTRAR GENERAL'S DEPARTMENT

**REGISTER OF BENEFICIAL OWNERSHIP ACT, 2018 (and its amendments)
LEGAL ENTITIES BENEFICIAL OWNERSHIP INFORMATION FORM**

All legal entities without a registered agent are required to complete the information below and file such information with the Registrar General within 15 days of identifying any persona as a beneficial owner of that legal entity.

(A) LEGAL ENTITY INFORMATION

Company Incorporation No. _____

Name of Legal Entity: _____

Date of Incorporation: _____ Status of Legal Entity: _____

Registered Address of Legal Entity: _____

Type of activity legal entity is engaged in: _____

(B) BENEFICIAL OWNERSHIP INFORMATION

Full Name(1): _____
First Last M.I.

Date of Birth: _____ Gender: _____ Country of Ordinary Residence or Domicile: _____

Street Address: _____ House /Apartment No.: _____

City: _____ State: _____ Zip Code/P.O. Box: _____

Identifying information from passport, drivers licence or other government issued document:-

Nationality: _____ Passport No: _____ Drivers Licence No: _____

Country of issue _____ Date of issue: _____ Date of expiry: _____

Please complete the following and/or additional forms for more additional beneficial owners

Full Name(2): _____
First Last M.I.

Date of Birth: _____ Gender: _____ Country of Ordinary Residence or Domicile: _____

Street Address: _____ House /Apartment No.: _____

City: _____ State: _____ Zip Code/P.O. Box: _____

Identifying information from passport, drivers licence or other government issued document:-

Nationality: _____ Passport No: _____ Drivers Licence No: _____

Country of issue _____ Date of issue: _____ Date of expiry: _____

Full Name(3): _____
First Last M.I.

Date of Birth: _____ Gender: _____ Country of Ordinary Residence or Domicile: _____

Street Address: _____ House /Apartment No.: _____

City: _____ State: _____ Zip Code/P.O. Box: _____

Identifying information from passport, drivers licence or other government issued document:-

Nationality: _____ Passport No: _____ Drivers Licence No: _____

Country of issue _____ Date of issue: _____ Date of expiry: _____

