

Form B
REGISTRATION OF CHANGES OF BUSINESS
PARTICULARS - PORTAL
REGISTRATION OF BUSINESSES RULES 1957 (RULE 6)

Reference No:

XX-XXXXXXXXXXXXXX

BUSINESS REGISTRATION NUMBER

XXXXXXXXXX-X

BUSINESS NAME

XXXX XXXXX XXXX XXXXXXXXXXXX

CHANGES OF PRINCIPAL BUSINESS ADDRESS

NEW BUSINESS ADDRESS

X XX XXXXX XXXXX XX, XXXXXXXX XXXX
XXXXXXXXXX XXXXXXXX XXXX, XXX XXXXXXXX XXXX,

TOWN

XXXXXXXX

POSTCODE

XXXXXX

STATE

XXXXXXXXXX

TELEPHONE

FAX

XXXXXXXXXXXX
XXX.XXX

E-MAIL

NEW POST ADDRESS

X XX XXXXX XXXXX XX, XXXXXXXX XXXX
XXXXXXXXXX XXXXXXXX XXXX, XXX XXXXXXXX XXXX,

TOWN

XXXXXXXX

POSTCODE

XXXXXX

STATE

XXXXXXXXXX

AMENDMENT DATE
(dd/mm/yyyy)

XX/XX/XXXX

SAMPLE ONLY

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CHANGES IN TYPE OF BUSINESS (Specify type of business carried out)

-No Changes-

SAMPLE ONLY

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CHANGES OF PARTICULARS ON BRANCHES

-No Changes-

SAMPLE ONLY

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CHANGES OF INFORMATION OF OWNER

-No Changes-

SAMPLE ONLY

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VERIFICATION BY OWNER/PARTNER(S) (* Mandatory field)

I/We confirm the accuracy of all the statements made in the form lodged pursuant to the Rules and section 22A of the Registration of Businesses Act 1956 and declare that I/We am/are the owner/partner(s) of the business the name of which is

XXXX XXXXX XXXX XXXXXXXXXXXXX

* NAME	XXXX XXXX XXXX	
* PERSONAL IDENTIFICATION NO.	XXXXXXXXXXXXXX	* COLOUR XXXX
* ADDRESS	XX XXXXX XXXX XXXXXX X XXXXX XXXX XXXXXX	
TOWN	XXXXXX XXXXXXXX	
POSTCODE	XXXXXX	
STATE	XXXXXX XXXXXX	
* E-MAIL	XXXXXX XXXXXX	
* TELEPHONE	XXXXXX XXXXXX	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
1	XXXX XXXX XXXX	XXXXXXXXXXXXXX	XXXX	VERIFIED

SAMPLE ONLY