1. <u>Proposed Business Name</u> (in order of preference)										
1.1 1.2 1.3										
2.	<u>Principa</u>	al Activities of Business								
2.1										
2.2										
Note: The business activities of a business registered in Singapore are classified in accordance with the Singapore Standard Industrial Classification (SSIC) Code. If you wish to determine the SSIC Codes corresponding to your business activities, please use the SSIC Code Search facility at the following website: http://www.acra.gov.sg/general/search.html .										
3. Particulars of Owner(s)/Manager										
A business name must have at least one owner/ manager ordinarily resident in Singapore. A foreigner (corporate or individual) may act as owner. If so, the business must have a local manager (individual).										
		First Owner	Second Owner	Manager (if same as owner, indicate whether same as First or Second owner, is applicable, in space below)						
Name				,						
	ssport/EP stration No.									
	ial Address									
Nationalit	ty									
	e -ddmmyy									
Tel No.										
E-mail Ad										
	Occupation									
firm, nam	on, LLP or									

Fax No.: 65 6311 0058

Tel No : 65 6311 0030

E-mail: nlatiff@dmscorpserv.com

To

Re

DMS Corporate Services Pte. Ltd.

REGISTRATION OF BUSINESS NAME IN SINGAPORE

We hereby instruct you register a business name with the Accounting and Corporate Regulatory

16 Collyer Quay #17-00

Authority in Singapore, based on the information below:-

Singapore 049318

4.	Principal Place of Business								
	Please use your address as your address as the principal place of business.								
	Please use the following address as the principal place of business in Singapore								
Address	S								
Note: O	ur fee for use of ou	r address as the business address is S\$500	p.a.						
5.	Business C	ommencement Date							
IF THE D	ATE OF COMMEN	ICEMENT IS NOT THE DATE OF REGISTR	RATION, PL. FILL BELOV	V (DD/MM/YYYY	′): -				
6.	•	e Branch(es) for your Business hich has more than one outlet.	?	□ Yes	_ □ No				
7.	ls your busi	ness a professional firm?		□ Yes	□ No				
8.	Is your business owned by Owner(s) or Nominee(s)/Trustee(s)? A person can carry on a business wholly or mainly as nominee/trustee of or for another person(s) (for example, persons below 21 years which cannot be an owner of business).								
	persons below	21 yours which carmot be all owner or b	□ Nominee / Trustee						
9.	Have you obtained Approval From Other Authorities? ☐ Yes ☐ No Approval obtained from other agencies such as HDB or MOM, etc, for the registration of the business.								
10.	<u>Declaration</u>								
I hereby	y declare that:								
	that the owne	r(s) and manager (if appointed) is/are	e not a bankrupt						
	that the owner(s)/managers who is/are a bankrupt has the written permission from the Official Assignee/Leave of the High Court to take part in and manage the business								
	that the owne	r(s) who is a corporation, is not unde	r liquidation						
	that the inform	nation provided to the Registrar of Co	ompanies and Busin	esses is true a	and correct.				

Pg. 3/-

This Form is submitted by: Name

Name :
Designation :
Signature :
Company :
Address :

E-mail address: Tel. & Fax Nos.:

Date :