

**Form of Annual Return of a Company registered
under Part XIV of the Companies Act**

Registration Number _____

Company Name _____ **Limited**

Annual Return made up to: Day _____ Month _____ Year _____

Date of Registration in Gibraltar: Day _____ Month _____ Year _____

Country of Incorporation:

Date of Incorporation: Day _____ Month _____ Year _____

Address of branch in Gibraltar:

Summary of Authorised Share Capital and Shares:

Nominal Share Capital _____ divided into _____ shares
of _____ each

Nominal Share Capital _____ divided into _____ shares
of _____ each

Nominal Share Capital _____ divided into _____ shares
of _____ each

Presented by:-

Name

Address

Particulars of **Directors** of _____ **Limited**
 at the date of the Annual Return

The Present Fore Name or Names and Surname	Any former Fore Name or Names or Surname	Nationality	Nationality of Origin	Usual Residential Address	Business Occupation

Particulars of **Secretaries** of _____ **Limited**
 at the date of the Annual Return

The Present Fore Name or Names and Surname	Any former Fore Name or Names or Surname	Nationality	Nationality of Origin	Usual Residential Address	Business Occupation

List of the names and addresses of all persons resident in Gibraltar authorised to accept on the Company's behalf service of process in respect of the business of the branch and of any notices required to be served on the Company in respect of the business of the branch

The Present Fore Name or Names and Surname	Usual Residential Address

List of the names and usual residential address of all the persons authorised to represent the Company as permanent representatives of the Company for the business of the branch

Please state extent of authority of every person listed herein, including whether they are authorised to act alone or jointly, and if jointly, the name of any person with whom he is authorised to act.

The Present Fore Name or Names and Surname	Usual Residential Address

Signature of the person authorised under Section 390(f) of the Companies Act.

Signature _____

Name _____

Dated this _____ day of _____