

Fee - £55.00
Urgent Fee - £100.00

Form BNCoGS



Request for a Certificate of Good Standing for a
BUSINESS NAME

Name of Business Name _____

Registration No: _____

Principal place of Business / Postal Address: _____

GX11 1 AA

Gibraltar

List of owners of the Business Name (as at the date of request)

Full Name	Nationality	Usual Residential Address	Occupation

I hereby certify that no request to cease the Business Name has been made.

Signature _____

Name (in full) _____

Telephone No. _____

Email address _____

Date of request _____

Payment details:

Please tick one of the following payment options:

I wish to pay for this request by:

CHG Deposit Account

Please state your CHG Deposit Account No. _____

Note: By ticking "CHG Deposit Account" you are authorising Companies House Gibraltar to debit your Debit Account with Companies House Gibraltar for the total amount payable for this request.

Credit / Debit Card

A payment link will be sent to the email address provided in the "contact details" section below.

Note: A 2% surcharge will apply on Credit Card payments

Bank transfer

See bank details below:

Name of Bank: Trusted Novus Bank (Gibraltar) Limited
Address of bank: 76 Main Street, Gibraltar
Account number: 05137541
Sort code: 405178
IBAN: GI78 TNOV 0000 0513 7540 001
Swift Code: TNOVGIGI

Contact details:

Name of person making the request

Email address

Telephone number

Registry Contact Details:

Companies House Gibraltar
1st Floor, The Arcade
30-38 Main Street
PO Box 848
Gibraltar

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