



Fee - £55.00

Urgent Fee - £100.00

Request for a Certificate of Good Standing

Please insert Company Number below:
(Include an * immediately before and after the number)

Company Name: _____

Company Number: _____

Authorised Share Capital: _____ Shares divided into _____

Issued Share Capital: _____

Registered Office address: _____

GX11 1AA

Gibraltar

Date of Request: _____

List and particulars of the Directors and Secretaries of the company as at the date of this request;

Full Name	Nationality	Address	Occupation
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Directors

Secretaries

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Presented by	Name
	Address
	Tel
	E-mail



Fee - £55.00

Urgent Fee - £100.00

Request for a Certificate of Good Standing by an officer of the Company

Company Name: _____

Company Number: _____

Authorised Share Capital: _____ Shares divided into _____

Issued Share Capital: _____

Registered Office address: _____

GX11 1AA

Gibraltar

Please insert Company Number below:
(Include an * immediately before and after the number)

Date of Request: _____

List and particulars of the Directors and Secretaries of the company as at the date of this request;

Full Name	Nationality	Address	Occupation
-----------	-------------	---------	------------

Directors

Secretaries

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List of Shareholders of the company as at the date of this request

Full Name	Nationality	Address	Occupation	Number & Class of Shares

The officer of the company signing this request hereby certifies that : -

1. No request for striking off the Company has been made.
2. The Company is not the subject of a voluntary winding up or a petition to wind up the Company by the Court or under the supervision of the Court.
3. No receiver or managers has been appointed to manage the property of the Company on behalf of debenture holders or by Order of the Court.
4. No Insolvency proceedings under the Insolvency Act 2014 have been commenced.

Signature _____

Name _____
(Director / Secretary)

Presented by	Name
	Address
	Tel
	E-mail

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 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

Debit Card

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

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

Tel: +350 200 78193

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