



## Transfer to Gibraltar of Societas Europaea (SE)

Please complete in typescript,  
or in bold black capitals

<b>Full Name of SE</b>	
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<b>Current Registered Number of SE (if applicable)</b>	
--	--

<b>Date of Registration in Current Registry</b>	
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<b>Present Registered Office Address</b> (PO Box numbers only are not acceptable)	
<b>&amp; Name of Member State</b>	

<b>Proposed new name of SE (if applicable)</b>	
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<b>Proposed Registered Office Address in Gibraltar</b> (PO Box numbers only are not acceptable)	
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<b>Name of Present Registry</b>	
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<b>Contact address of present Registry</b>	
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### Presented by (contact details):-

It will help Companies House to contact you if there is a query on the form

<b>Name</b>
<b>Address</b>
<b>Telephone Number</b>

**When you have completed and signed the form please send it to the Registrar of Companies at:**  
Companies House (Gibraltar) Limited  
1<sup>st</sup> Floor, The Arcade, PO Box 848, Gibraltar  
Tel: + (350) 200 78193

**Number of continuation sheets attached** \_\_\_\_\_

# Form SE 10 CHGL

Proposed name of SE

Date of Last  
Balance Sheet\*  
(drawn up before  
registration in Gibraltar)

If no last Balance Sheet,  
original date of  
formation of SE

Please tick the boxes below to confirm that both the following documents are attached to this form:

Tick the box	Number of pages	Document description
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Statutes of SE
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of old registration authority attesting to the completion of the acts and formalities to be completed before the transfer

Please list the details of the persons who are members of the SE named on page 1

# Form SE 10 CHGL

**Members of the SE** (For SEs with a two-tier system, details of all members of both the supervisory and management organs must be given. For SEs with a one-tier system, please give the details of all the members of the administrative organ.)

<b>Forename(s)</b>	
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<b>Surname</b>	
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<b>Previous forename(s)</b>	
-----------------------------	--

<b>Previous surname(s)</b>	
----------------------------	--

<b>Usual residential address</b>	
----------------------------------	--

**Date of birth**

**Nationality**

<b>Business Occupation</b>	
----------------------------	--

<b>Other directorships</b>	
----------------------------	--

**\*Please tick box as appropriate**

**\*Member of the**

**Administrative organ**

**Supervisory organ**

**Management organ**

**of the SE**

# Form SE 10 CHGL

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<b>Surname</b>	
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<b>Previous forename(s)</b>	
-----------------------------	--

<b>Previous surname(s)</b>	
----------------------------	--

<b>Usual residential address</b>	
----------------------------------	--

**Date of birth**

**Nationality**

<b>Business Occupation</b>	
----------------------------	--

<b>Other directorships</b>	
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**\*Please tick box as appropriate**

**\*Member of the**

**Administrative organ**

**Supervisory organ**

**Management organ**

**of the SE**

# Form SE 10 CHGL

**Members of the SE** (For SEs with a two-tier system, details of all members of both the supervisory and management organs must be given. For SEs with a one-tier system, please give the details of all the members of the administrative organ.)

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<b>Surname</b>	
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<b>Previous forename(s)</b>	
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<b>Previous surname(s)</b>	
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<b>Usual residential address</b>	
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**Date of birth**

**Nationality**

<b>Business Occupation</b>	
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<b>Other directorships</b>	
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**\*Please tick box as appropriate**

**\*Member of the**

**Administrative organ**

**Supervisory organ**

**Management organ**

**of the SE**

**Members of the SE** (For SEs with a two-tier system, details of all members of both the supervisory and management organs must be given. For SEs with a one-tier system, please give the details of all the members of the administrative organ.)

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<b>Previous surname(s)</b>	
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<b>Usual residential address</b>	
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**Date of birth**

**Nationality**

<b>Business Occupation</b>	
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<b>Other directorships</b>	
----------------------------	--

**\*Please tick box as appropriate**

**\*Member of the**

**Administrative organ**

**Supervisory organ**

**Management organ**

**of the SE**

**I certify that the information given in this form is correct**

**Signature\***

**Date**

\*Member of the management or administrative organ of the SE named on page 1