



Ministry of Commerce, Industry, and Labour
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[inclusive of Registries of Companies and Intellectual Property]

Form 1
Application for incorporation of company
Section 6, Companies Act 2001

[If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.]

Name of proposed company

Place a tick ✓ in the appropriate box

Private company

Public company

Address of registered office

[This must be a physical address in Samoa and must not be a PO Box or Private Bag address]

Postal address

Address for service

[This must be a physical address in Samoa and must not be a PO Box or Private Bag address]

Form 1- continued

Rules differ from model rules

Model rules for private company apply

Model rules for single shareholder company apply

Model rules for public company apply

Tick ✓ one

Directors

The following persons are the directors of the proposed company:

Full legal name*	Residential address and postal address	Email address [optional]

**Please give first name(s) followed by surname in BLOCK letters.*

Form 1- Continued

Share parcels

The following persons are the shareholders of the proposed company:

Full legal name*	Address†	Citizenship/place of incorporation	Number of shares [Please indicate if shares are held jointly.]

**In the case of a natural person, please give first name(s) followed by surname in BLOCK letters.*

†In the case of a natural person, please give residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

Total number of shares:

The following must accompany this form:

- 1 The consent by each person named as a director to act as a director of the company. *[Please use form 2 for this purpose.]*
- 2 A copy of the rules of the company, if they differ from the model rules.
- 3 The prescribed fee.

Signature of applicant:

Date:

Full legal name of applicant:

Address of applicant:

[If there is more than 1 applicant, each must sign and provide full legal name and address in the prescribed format.]

Form 1- continued

Completed by		Email*	
Address		<i>*Optional</i>	
		Telephone	
		Facsimile*	
		<i>*Optional</i>	

For official use only

Date application received _____

Submitted by (Name) _____

Receiving Officer (Name) _____

Receiving Officer (Signature) _____

Receipt Number _____

Date of Payment _____

Comments/Action _____