



THE PATENTS AND COMPANIES REGISTRATION AGENCY

The Registration of Business Names Act, 2011  
(Act No. 16 of 2011) The Registration of Business Names Regulations, 2011

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION					
Please complete in block letters		Shaded fields for official use only	Registration No.		
			Date and Time		
Information Required		Information Provided			√
1.	Business Name				
2.	(a) Present First Name(s)				
	(b) Surname(s) of Applicant(s)				
	(c) Type of applicant (tick as applicable)	Individual		Firm	
3.	(a) Nationality of applicant(s)				
	(b) Identity card - - National Registration Card No.(s)				
	- Passport No.				
4.	(a) Notification address:				
	Telephone/Cell No.				
	Fax No.				
	Email address				
	(b) Residential address				
4.	How was the certificate lost or destroyed? (specify details) Attach certified copy of affidavit or report of destruction				
<b>FOR OFFICIAL USE ONLY</b>					
Received by: .....		Officer		Date .....	
Receipt No.: .....				<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">OFFICIAL STAMP</div>	
Date Received: .....					
Amount Received: .....					
Serial No. of application: .....					