[LEGAL NOTICE NO. 107]

COMPANIES ACT 2015 (ACT No. 3 OF 2015)

Companies Regulations 2015

In exercise of the powers conferred upon me under section 713 of the Companies Act 2015, I hereby make these Regulations—

Short title and commencement

- 1.—(1) These Regulations may be cited as the Companies Regulations 2015.
- (2) These Regulations shall come into force on 1 January 2016.

Interpretation

- 2.—(1) In these Regulations, unless the context otherwise requires, "Act" means the Companies Act 2015.
- (2) In these Regulations, words and phrases have the same meaning as under the Act unless the context otherwise requires.

Prescribed forms

- 3.—(1) A form specified in columns 3 and 4 of Schedule 1 and a copy of which is contained in Schedule 2 is prescribed for the provision of the Act specified in column 2 of Schedule 1 with such variations made by the Registrar or the Reserve Bank as the circumstances require.
 - (2) A document that the Act requires to be lodged in a Prescribed Form must—
 - (a) if a form for the document is prescribed in these Regulations, be in that Prescribed Form; and
 - (b) if a form for the document is not prescribed in these Regulations but the Minister, the Registrar or the Reserve Bank has approved a form for the document, be in that approved form.
- (3) In a form, unless the contrary intention appears, a reference to a Part, Division, section, subsection, paragraph or subparagraph is a reference to that Part, Division, subsection, paragraph or subparagraph of the Act.
- (4) Subject to regulations 6 and 7, the lodgement fee payable upon Lodgement of each respective Prescribed Form is specified in column 5 of Schedule 1 for each Prescribed Form.
- (5) If a form is lodged after the end of the period during which it is required to be lodged under the Act, a late fee must be paid upon lodgement of the form with the Registrar, Reserve Bank, Official Receiver or the Ministry of Justice, as the case may be, as specified in Schedule 3.

Prescribed Registration Fee

4. The Prescribed Registration Fee (being the Prescribed Registration Fee defined in section 3 of the Act and referred to in sections 24 and 603(2) of the Act) for each entity specified in column 2 of Schedule 4 is specified in column 3 of Schedule 4.

Fee to inspect registers

- 5.—(1) The Registrar, Reserve Bank, Official Receiver or the Ministry of Justice may require a fee to be paid in order to inspect, search or perform an act required under sections 714(2) or 716 of the Act in respect of information, documents or a register maintained under the Act.
- (2) The fee required to be paid under subregulation (1) will be the fee specified in Schedule 5.

Exemption for small and micro enterprises

- 6.—(1) Subject to subregulation (2), any Individual or Small Private Company Carrying on Business as a small and micro enterprise with an annual gross turnover not exceeding \$500,000 is exempted from paying the Prescribed Registration Fee and any lodgement fee payable under these Regulations provided that the enterprise declares by way of a statutory declaration that it has a gross turnover not exceeding \$500,000 and lodges the statutory declaration with the Registrar.
 - (2) Subregulation (1) does not apply to the following fees—
 - (a) fees payable under regulation 3(5); and
 - (b) fees payable for Lodgement of Prescribed Forms A2 and A12.

Fee exemption

7. The Minister may, in writing and subject to such conditions as the Minister considers necessary, exempt a person or a state entity as defined in the Financial Management Act 2004 from payment of a fee under the Act.

Fees to be paid into Consolidated Fund

8. All fees, charges and expenses payable under the Act must be paid into the Consolidated Fund.

Registration of a Company or a Business Name

9. An application for registration of a Company pursuant to section 20 of the Act or a Business Name under section 34 of the Act must be accompanied by evidence of compliance with the Foreign Investment Act 1999, if applicable.

Proper instrument of transfer for Specified Securities

- 10. For the purpose of section 242 of the Act, a proper instrument of transfer contains the following details in relation to the Company concerned—
 - (a) the full name of the Company;
 - (b) a description of the class of Specified Securities being transferred;
 - (c) the amount paid and unpaid on the Specified Securities being transferred;
 - (d) the number of Specified Securities being transferred in words and numbers;
 - (e) the consideration being paid for the Specified Securities being transferred;
 - (f) a request to enter the transfer of Specified Securities in the Company's Register of Members;

- (g) whether the transferee will hold the Specified Securities beneficially or non-beneficially upon registration of the transfer;
- (h) the full name and address of the transferor and the transferee; and
- (i) execution clauses for the transferor and the transferee.

Beneficial Ownership

11. The Registrar or the Reserve Bank may require a person to disclose to the Registrar or the Reserve Bank, as the case may be, the name and current address of any person entitled to the beneficial interest of a Security.

Revocation

12. The Companies Regulations and the Registration of Business Names Regulations are revoked.

Made this 24th day of December 2015.

A. SAYED-KHAIYUM

Attorney-General and Minister for Finance, Public Enterprises, Public Service and Communications

SCHEDULE 1

INDEX OF PRESCRIBED FORMS

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)				
1.	Section 18 – Statement to be delivered to Registrar by Company on ceasing to be Private Company	A1	Statement by Company on ceasing to be Private Company	Nil				
2.	Section 20 – Application for registration	A2	Application for registration as	Private Company – \$45				
							a Company	a Company
				Other Public Company – \$450				
3.	Section 27 – Reserving a company name	A3	Application for reservation of a company name	\$50				
4.	Section 27 – Reserving a company name	A4	Notice of reservation of a company name	Not applicable				
5.	Section 21 – Certificate of registration	A5	Certificate of registration of Company	Not applicable				
6.	Section 28 – Changing company name Section 46 – Memorandum and Articles of Association Section 76 – Change of company type Section 574 – Notice of resolution to wind up voluntarily	A6	Notification of resolution	Nil				
7.	Section 28 – Changing company name Section 29 – The Registrar's power to direct a Company to change its name	A7	Certificate of registration of Company on change of name	Not applicable				

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
8.	Section 31(1) – Power to dispense with "Limited" in the name of charitable and other Companies	A8	Application to dispense with "Limited" in the name of the Company	\$25
9.	Sections 31(1), 31(2) – Power to dispense with "Limited" in the name of charitable and other Companies	A9	Licence to dispense with "Limited" in the name of the Company	Not applicable
10.	Section 31(5) – Power to dispense with "Limited" in the name of charitable and other Companies	A10	Notice regarding the holder of a licence to dispense with "Limited" in the name of the Company	Not applicable
11.	Section 50 – Registered Office Section 51 – Place of business Section 89 – Notice of change to Member register Section 90 – Notice of change to Share structure Section 129 – Notice of name and address of Directors, alternate Directors and secretaries to the Registrar Section 211(1) – Notice to the Registrar of Share issue Section 212 – Notice to the Registrar of Share cancellation Section 223 – Acceptance of offer and transfer of Shares to the Company	A11	Change to Company details	Nil
12.	Section 34 – Application for registration (Business Name)	A12	Application for registration of a Business Name	Individual - \$10 Small Private Company - \$10 Other company or Firm - \$100
13.	Section 37 – Certificate of registration (Business Name)	A13	Certificate of registration of a Business Name	Not applicable
14.	Section 39 – Registration of changes (Business Name) Section 40 – Persons in default bringing action must be ordered by the Court to register (Business Name)	A14	Change to details of Business Name owner	Nil
15.	Section 43(1) – Removal of names from register if cease to Carry on Business (Business Name)	A15	Notice of ceasing to Carry on Business using a Business Name	Nil
16.	Sections 43(2), 43(3), 43(4) – Removal of names from register if cease to Carry on Business (Business Name)	A16	Notice regarding a Business Name	Not applicable
17.	Section 57 – Application for registration (Foreign Company)	A17	Application for registration as a Foreign Company	\$450
18.	Section 58 – Certificate of registration (Foreign Company)	A18	Certificate of registration of Foreign Company	Not applicable
19.	Section 59(1) – Changes to Foreign Company (Foreign Company)	A19	Change to details of Foreign Company	Nil
20.	Section 59(2) – Changes to Foreign Company (Foreign Company) Section 62 – Cessation of business etc. (Foreign Company)	A20	Notification of cessation, winding up or dissolution of a Foreign Company	Nil

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
21.	Section 59(2) – Changes to Foreign Company (Foreign Company) Section 62 – Cessation of business etc. (Foreign Company)	A21	Application for extension of period to notify of cessation, winding up or dissolution of a Foreign Company	Nil
22.	Section 61 – Financial Statements (Foreign Company)	A22	Statement to verify financial statements of a Foreign Company	Nil
23.	Section 61 – Financial Statements (Foreign Company)	A23	Application for extension of period for lodgement of Financial Statements	Nil
24.	Section 62 – Cessation of business etc. (Foreign Company)	A24	Notice regarding a Foreign Company	Not applicable
25.	Section 64 – Notifying the Registrar about register kept under section 63 (Foreign Company)	A25	Notification of location of register	Nil
26.	Section 77 – Applying for change of type	A26	Application for change of company type	\$450
27.	Section 78 – Registrar changes type of Company	A27	Certificate of registration of Company on change of company type	Not applicable
28.	Section 86 – Right to inspect and get copies Section 175 – Members' access to minutes Section 368 – Members' access to minutes	A28	Application for extension of period to provide copies of registers or minutes	Nil
29.	Section 128 – Director, alternate Director or secretary may notify Registrar of resignation or retirement	A29	Notification by officeholder of resignation or retirement	Nil
30.	Section 131 – The Registrar's power to ask for information about person's position as Director, alternate Director or company secretary	A30	Notice requiring information about Officers	Not applicable
31.	Section 171 – Extension of time for holding AGM	A31	Application for extension of period to hold AGM	Nil
32.	Section 179 – Requirement for person to Lodge order Section 187 – Variation, cancellation or modification without unanimous support of class Section 197 – Court validation of issue Section 439 – Provisions for facilitating reconstruction and amalgamation of Companies Section 530 – Copy of order to be forwarded to the Registrar Section 553 – Power to stay winding up Section 571 – Deregistration of Company Section 585 – Final meeting and deregistration Section 596 – Final meeting and deregistration Section 609 – Reinstatement	A32	Cover page for copy of Court order or other order	Nil
33.	Section $189(1)(a)$, $189(1)(b)$ – Company must lodge documents and resolutions with the Registrar	A33	Notification of division or conversion of classes of Shares	Nil
34.	Section $189(1)(c)$ – Company must lodge documents and resolutions with the Registrar	A34	Notification of statement of special rights carried by Shares	Nil

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
35.	Section 199 – Resolution to convert Shares into larger or smaller number Section 218(4) – Member approval Section 222(6) – Member approval Section 233(1) – Member approval Section 233(2) – Member approval Section 233(3) – Member approval	A35	Notification of resolutions regarding Shares	Nil
36.	Section 211(2) – Notice to the Registrar of Share issue	A36	Certificate of compliance with stamp duty law	Nil
37.	Section 213(1)(a) – Notice to Registrar of Substantial Interest	A37	Notice of initial Substantial Interest	Nil
38.	Section 213(1)(a) – Notice to Registrar of Substantial Interest	A38	Notice of ceasing to have a Substantial Interest	Nil
39.	Section 213(1)(b) – Notice to Registrar of Substantial Interest	A39	Notice of change in Substantial Interest	Nil
40.	Section $213(1)(c)$ – Notice to Registrar of Substantial Interest	A40	Notice of substantial interest – offer under a Registered Bidder's Statement	Nil
41.	Section 218(7) – Member approval	A41	Notification of reduction in share capital details	Nil
42.	Section 222(5) – Buy-Back procedure - Member approval	A42	Notification of Buy-Back details	Nil
43.	Section 228(4) – Taking security over own Shares or Shares in Holding Company Section 230(2) – Company controlling entity that holds Shares in it	A43	Application for extension of period to cease holding Shares or Control	Nil
44.	Section 233(6) – Member approval	A44	Notification of financial assistance details	Nil
45.	Section 240(4) – Loss or destruction of title documents	A45	Application for extension of period to provide duplicate title document	Nil
46.	Section 256 – Requirement for a Bidder's Statement Section 257 – Requirement for a Target's Statement Section 260(1) – Amendment of Registered Bidder's Statement or Registered Target's Statement	A46	Application for registration of a takeover document	\$5,000 and for offers above \$5,000,000 an additional \$1 for every \$1,000 in excess of \$5,000,000
47.	Section 258 – Registration of Bidder's Statement and Target's Statement Section 260(2) to (6) – Amendment of Registered Bidder's Statement or Registered Target's Statement	A47	Certificate of registration of a takeover document or refusal to register	Not applicable
48.	Section 261(1)(a) – Suspension and cancellation of registration of Registered Bidder's Statement or Registered Target's Statement	A48	Notice of suspension of a takeover document	Not applicable
49.	Section 261(1)(b) – Suspension and cancellation of registration of Registered Bidder's Statement or Registered Target's Statement	A49	Notice of meeting to consider cancellation of a takeover document	Not applicable
50.	Section $261(1)(b)$ – Suspension and cancellation of registration of Registered Bidder's Statement or Registered Target's Statement	A50	Notice of cancellation of a takeover document	Not applicable

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
51.	Section 261(5) to (7) – Suspension and cancellation of registration of Registered Bidder's Statement or Registered Target's Statement	A51	Order prohibiting advertisement	Not applicable
52.	Section 262 – Compulsory acquisition of Shares or Interests following a Takeover	A52	Notice of compulsory acquisition following a Takeover	Nil
53.	Section 263 – Compulsory acquisition of Shares or Interests other than following a Takeover Section 440 – Power to acquire Shares of Members dissenting from scheme or contract approved by majority	A53	Notice of compulsory acquisition other than following a Takeover	Nil
54.	Section 264 – Compulsory acquisition of Convertible Securities	A54	Notice of compulsory acquisition of Convertible Securities by 100% holder	Nil
55.	Section 267 – Orders following a declaration of unacceptable circumstances	A55	Order following a declaration of unacceptable circumstances	Not applicable
56.	Section 284 – Minimum content of Prospectus Section 286 – Minimum content of Offer Document	A56	Application for registration of a Prospectus or Offer Document	\$5,000 and for offers above \$5,000,000 an additional \$1 for every \$1,000 in excess of \$5,000,000
57.	Section 284 – Minimum content of Prospectus Section 286 – Minimum content of Offer Document Section 290 – Registration of Prospectus or Offer Document	A57	Certificate of registration of a Prospectus / Offer Document or refusal to register	Not applicable
58.	Section 303 – Duty to notify the Registrar of information related to trustee	A58	Notice appointing trustee for holders of Debentures	Nil
59.	Section 307 – Duty to give trustee and the Registrar quarterly reports	A59	Quarterly reports	Not applicable
60.	Section 313 – Trustee's duties	A60	Notice of failure to comply with Part 27 of the Companies Act 2015	Nil
61.	Section 371 – Registration of Charges	A61	Notification of details of a Charge	Small Private Company - \$10 Company Limited by Guarantee granted a licence under section 31 - \$10 Listed company - \$500 Foreign Company - \$500
(2)	G .: 271 P .: 4 .: 6.01	4.60	A 1: 0: C	Other Company – \$100
62.	Section 371 – Registration of Charges	A62	Application for extension of period for notification of details of Charge	Nil
63.	Section 374 – Variation of Charges	A63	Notification of change of details of a Charge	Nil
64.	Section 375 – Satisfaction of and release of Property from Charges	A64	Notification of a discharge or release of property from a Charge	Nil

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
65.	Section 398 – Reporting to the Registrar	A65	Notice of suspected contravention	Nil
66.	Section 3 – Interpretation (Proforma Financial Statements)	A66	Proforma Financial Statements	Nil
67.	Section 400(2)(b) – Annual reporting to Members	A67	Application for extension of period to provide an Annual Report to Members	Nil
68.	Section 403 – Lodgement of Annual Report with the Registrar Section 404 – Re-lodgement if Annual Report amended after Lodgement	A68	Copy of Annual Report or Proforma Financial Statements	Nil
69.	Section 403 – Lodgement of Annual Report with the Registrar	A69	Application for extension of period for lodgement of Annual Report or Proforma Financial Statements	Nil
70.	Section 409 – Notice to the Registrar	A70	Statement in relation to Company Solvency	Nil
71.	Section 410 – Application for registration as Auditor or liquidator	A71	Application or renewal of registration as an Auditor or a	Application – \$500
	Section 493 – Notice by liquidator of appointment		liquidator	Renewal – \$100
72.	Section 411 – Registration of Auditor or liquidator Section 417 – The Ministry of Justice may impose conditions on registration	A72	Certificate of registration of Auditor or liquidator	Not applicable
73.	Section $416(1)(a)$ – Notification of certain matters	A73	Notification of resignation, removal or cessation of auditor or liquidator	Nil
74.	Section 416(1)(b) – Notification of certain matters	A74	Notification of appointment of auditor or liquidator	Nil
75.	Section 416(1)(c) – Notification of certain matters Section 416(2) – Notification of certain matters	A75	Change to details of auditor or liquidator	Nil
76.	Section 417 – The Ministry of Justice may impose conditions on registration	A76	Notice of registration of Auditor or liquidator	Not applicable
77.	Section 418 – Cancellation at request of registered person Section 419 – Cancellation on certain grounds	A77	Notice of cancellation of registration as an Auditor or liquidator	Not applicable
78.	Section 428 – Resignation of auditors	A78	Application for consent to resign as an auditor	Nil
79.	Section 428 – Resignation of auditors	A79	Notice of consent to resignation as an auditor	Not applicable
80.	Section 428(6) – Notification of certain matters	A80	Notification of resignation or removal of auditor	Nil
81.	Section 430 – General requirement for auditor independence	A81	Notice of conflict of interest	Not applicable
82.	Section 450 – Provisions as to information where Receiver or Manager appointed Section 534 – Statement of Company's Affairs to be submitted to Official Receiver	A82	Report as to affairs	Nil

Item	Provision	Prescribed Form No.	Prescribed Form name	Lodgement fee (VEP)
83.	Section 452 – Delivery to the Registrar of accounts of Receivers and Managers Section 547 – Audit of liquidator's accounts	A83	Report of receipts and payments	Nil
84.	Section 585(2) – Final meeting and deregistration Section 588(2) – Meeting of creditors Section 596(2) – Final meeting and deregistration	A84	Notice of meeting	Nil
85.	Section 578 – Statutory declaration of Solvency in case of proposal to wind up voluntarily	A85	Declaration of solvency	Nil
86.	Section 583 – Duty of liquidator to call creditors' meeting in case of insolvency	A86	Notice of potential inability to pay debts within declaration period	Nil
87.	Section 584 – Duty of liquidator to call General Meeting at end of each year Section 595 – Duty of liquidator to call meetings of Company and of creditors at the end of each year	A87	Application for extension of period to hold a general meeting	Nil
88.	Section 588 – Meeting of creditors	A88	Notification of meeting convened by liquidator	Nil
89.	Sections 585(3), 585(4) – Final meeting and deregistration Sections 596(3), 596(4) – Final meeting and deregistration	A89	Notification of final meeting convened by liquidator	Nil
90.	Section 602(1) – Deregistration – voluntary	A90	Application for voluntary deregistration of a Company	Small Private Company – \$10
				Company Limited by Guarantee granted a licence under section 31 - \$10
				Listed company -\$1,000
				Other Company - \$500
91.	Section 602(7) – Deregistration – voluntary Sections 603(4), 603(6) – Deregistration – initiated by the Registrar Section 604 – Deregistration – following amalgamation or winding up	A91	Notice of deregistration of a Company	Not applicable
92.	Section 609 – Reinstatement	A92	Notice of reinstatement of a Company	Not applicable
93.	Section 628 – Penalty notices	A93	Penalty Notice	Not applicable
94.	Section 690 – Notice requiring appearance for examination	A94	Notice requiring appearance for examination	Not applicable
95.	Section 701 – Notice to produce Books about Affairs of Company or Managed Investment Scheme Section 702 – Notice to produce Books about Securities Section 703 – Notice to produce documents in person's possession	A95	Notice requiring the production of Books or documents	Not applicable
96.	Section 85 – Location of registers Section 718 – Location of registers	A96	Notification of location of register	Nil
97.	Annexure	A0	Annexure	Nil

SCHEDULE 2

PRESCRIBED FORMS

REGISTRAR OF COMPANIES OF THE REPUBLIC OF FIJI

FORM A1 Section 18 of the Companies Act 2015

STATEMENT BY COMPANY ON CEASING TO BE PRIVATE COMPANY

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Date when the Company altered its Articles of Association in such a manner that they no longer include the provisions of the Articles of Association required under section 16 of the Companies Act 2015
Date /
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A2 Section 20 of the Companies Act 2015

APPLICATION FOR REGISTRATION AS A COMPANY

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about	this form?
Firm/organisation	
Position description	
Telephone number (during business hours)	
Email address (optional)	
Level/Office building	
Street number and street	
Town/City	
Island	
A. Details of company	
Proposed Company name (including the legal ele	ements below)
Reservation number (if any)	
Tick the legal elements that apply □ Ltd	
□ Limited	
□ Pte Ltd	
□ Pte Limited	
□ An Unlimited Liability Company	
7 1 7	
Is the proposed name identical to a registered but \square Yes \square No	siness name(s) in Fiji?
If yes, I declare that I own, or am registering the	company for the owner(s) of the identical
business name(s), the registration details of whic	
Registered Business Name number	Registered Business Name

Type of company □ Private Company □ Public Company □ Limited by Shares □ Limited by Shares and Guarantee □ Limited by Guarantee □ Unlimited Liability
☐ Tick if the company proposes to obtain a licence to dispense with the word "Limited" in its Company Name under section 31 of the Companies Act 2015. You must also lodge an application with the Minister.
B. Governance of company □ The company will adopt the Standard Form Articles of Association □ The company will adopt its own Articles of Association A Company which will adopt its own Articles of Association must lodge a copy of the Articles of Association with this application.
If the proposed company is to be a Company Limited by Guarantee, state the amount of the guarantee that each member agrees to in writing. The amount of the member's guarantee is \$
C. Registered Office Must not be a Post Office Box. Must be a street address.
Level/Office building
Does the company occupy the premises?
☐ Yes ☐ No If No, name of occupier
□ Occupier's consent (Select box to indicate the statement below is correct) The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.
Opening hours for Public Company Each business day for at least 3 hours between 9 am and 5 pm.
Open am / pm Close am / pm
D. Principal Place of Business Must not be a Post Office Box. Must be a street address. If the same as the Registered Office write 'As Above'.
Level/Office building

E. Officeholders

- Use this section to notify the name and address of each person who consents to become an officeholder.
- Please complete a separate section below for each officeholder and print additional copies if more officeholders are required.
- Address must not be a Post Office Box. Must be a street address.

Officeholder

☐ Director ☐ Company secretary
Surname First name(s) Former name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Date of birth /
Officeholder
Office held □ Director □ Company secretary
Surname First name(s) Former name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Date of birth / Place of birth

Officeholder
Office held □ Director □ Company secretary
Surname First name(s) Former name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Date of birth /
F. Ultimate Holding Company
Will the company have an Ultimate Holding Company upon registration? □ Yes □ No If Yes, name of Ultimate Holding Company
Country of incorporation (if not Fiji)
G. Share structure table

Standard share codes

Share class code	Share class
A	Class A ordinary shares
Betc.	Class Betc. ordinary shares
ORD	Ordinary shares
RED	Redeemable shares
REDP	Redeemable preference shares

- Please show all details of Shares that the company has on issue at the time of this application.
- If you are using the standard share class codes you do not need to provide a full title for the Shares, just the share class code.
- If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title.

Share class code	Full title if not	Total number of	Total amount	Total amount
	standard	Shares	paid on these	unpaid on these
			Shares	Shares

H. Details of members

- Use this section to notify the name and address of each person who consents to become a member.
- If Shares are jointly owned, provide names and addresses of all joint-owners on a separate sheet (annexure), clearly indicating the share class and with whom the shares are jointly owned.
- Please complete a separate section below for each member and print additional copies if more members are required.
- Address must not be a Post Office Box. Must be a street address.

Surname
SurnameFirst name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Fown/City
Postcode
Postcode
Country (11 11001 131)

- Complete each column for each share class the above member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share	Number	Amount	Total \$	Amount	Total \$	Fully	Beneficially
class	of Shares	agreed to	paid on	unpaid	unpaid	paid	held (Y/N)
code	taken up	pay per	these	per Share	on these	(Y/N)	
		Share	Shares		Shares		

3 AT	
Men	ıber

Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
* (3 /

- Complete each column for each share class the above member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share class code	Number of Shares taken up	Amount agreed to pay per Share	Total \$ paid on these Shares	Amount unpaid per Share	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)

viember	
Surname	
First name(s)	
Former name	٠.
OR	
Company name	
Company number (if incorporated in Fiji)	
Country of incorporation (if not Fiji)	
Level/Office building	
Street number and street	
Γown/City	
sland/State/Territory	
Postcode	
Country (if not Fiji)	

- Complete each column for each share class the above member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share class code	Number of Shares taken up	Amount agreed to pay per Share	Total \$ paid on these Shares	Amount unpaid per Share	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)

I. Foreign Investment Act 1999

- ☐ The company is not required to hold a foreign investment registration certificate under the Foreign Investment Act 1999.
- ☐ The company has been granted a foreign investment registration certificate under the Foreign Investment Act 1999.
 - If granted, a copy of the foreign investment registration certificate must be lodged with this application.

J. Declaration by applicant

I/we apply for registration of a Company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.

Signature of applicant

□ Individual
Surname
Signature Date signed /
□ Company
Company name
Name
Signature Date signed /
□ Agent for Individual or company
Agent name
Signature

FORM A3 Section 27 of the Companies Act 2015

APPLICATION FOR RESERVATION OF A COMPANY NAME

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about	this form?
Firm/organisation	
Level/Office building Street number and street Town/City Island	
A. Details of proposed Company name	
Proposed Company name (including the legal ele	
Tick the legal elements that apply □ Ltd □ Limited □ Pte Ltd □ Pte Limited □ An Unlimited Liability Company	
Is the proposed name identical to a registered but \square Yes \square No	siness name(s) in Fiji?
If yes, I declare that I own, or am registering the business name(s), the registration details of which	* *
Registered Business Name number	Registered Business Name

B. Details of applicant
Surname First name(s) Former name
OR
Company name
Signature of applicant
I/We apply for reservation of a Company name on the basis of the information in this form and any attachments. The information provided in this form and in any annexures is true and correct at the time of signing.
□ Individual
Surname
Signature Date signed /
□ Company
Company name
Name Capacity □ Director □ Company secretary
Signature Date signed /
□ Agent for Individual or company
Agent name
Signature

FORM A4 Section 27 of the Companies Act 2015

NOTICE OF RESERVATION OF A COMPANY NAME

This is to certify that the Company name
(reserved Company name)
has been reserved under the Companies Act 2015 for
(applicant)
from the date of this notice until / /
The reservation number is
Issued by the Registrar of Companies of the Republic of Fiji on / /
Name
Signature

FORM A5 Section 21 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF COMPANY

Signature

FORM A6 Sections 28, 46, 76, 574 of the Companies Act 2015

NOTIFICATION OF RESOLUTION

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details	
Company name	
Lodgement details Who should the Registrar contact if there is a query about this form?	
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)	
Level/Office building Street number and street Town/City Island	
A. Type of resolution	
□ Change of Company name	Section 28
□ Change of Articles of Association	Section 46
□ Change of Company type	Section 76
□ Winding up voluntarily	Section 574
B. Details of change of Company name	
Proposed company name (including the legal elements below)	
Reservation number (if any) Tick the legal elements that apply Ltd Limited Pte Ltd Pte Limited An Unlimited Liability Company	

Is the proposed name identical to a registered bu ☐ Yes ☐ No If yes, I declare that I own, or am registering the business name(s), the registration details of which	company for the owner(s) of the identical			
Registered Business Name number	Registered Business Name			
C. Change to Articles of Association				
☐ The company will adopt the Standard Form Articles of Association ☐ The company will adopt its own Articles of Association A Company which will adopt its own Articles of Association must lodge a copy of the Articles of Association with this application.				
D. Details of change of Company type				
□ Private Company Limited by Shares – convert to: □ Public Company Limited by Shares □ Unlimited Liability Company				
□ Public Company Limited by Shares – convert to: □ Private Company Limited by Shares □ Unlimited Liability Company				
□ Unlimited Liability Company — convert to: □ Private Company Limited by Shares □ Public Company Limited by Shares				
□ Company Limited by Guarantee – convert t □ Private Company Limited by Shares □ Public Company Limited by Shares	o:			
□ Company Limited by Shares and Guarante □ Private Company Limited by Shares □ Public Company Limited by Shares □ Company Limited by guarantee	ee – convert to:			
Company name after resolution if change of C	Company type			
Proposed Company name (including the legal el				
Reservation number (if any) Tick the legal elements that apply Ltd Limited Pte Ltd Pte Limited				
□ An Unlimited Liability Company				

Is the proposed name identical to a registered bus \square Yes \square No	siness name(s) in Fiji?		
If yes, I declare that I own, or am registering the business name(s), the registration details of whic	1 .		
Registered Business Name number	Registered Business Name		
	L		
E. Winding up voluntarily			
□ Resolution to wind up voluntarily			
F. Details of resolution			
Date of meeting or resolution / /			
The resolution ☐ Set out below ☐ In the attached annexure			
was passed or agreed to (as required) as a special or ordinary resolution (as applicable) in accordance with the Companies Act 2015.			
Signature This form must be signed by a current officeholder of the G	Company.		
I certify that the information in this form is true a	and complete.		
Name			
Capacity □ Director			
□ Company secretary			
Signature			

FORM A7 Sections 28, 29 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF COMPANY ON CHANGE OF NAME

This is to certify that
(Company name)
with Company number (number) has changed its company name to
(new Company name)
and remains a registered Company under the Companies Act 2015.
The Company is a (insert type of company – Company Limited by Shares (Private Company) / Company Limited by Shares (Public Company) / Company Limited by Shares and Guarantee (Public Company) / Company Limited by Guarantee (Public Company) / Unlimited Liability Company (Public Company))
The Members of the Company have the liability prescribed under the Companies Act 2015 for this type of Company.
The date of the change of company name is / /
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

THE MINISTER RESPONSIBLE FOR COMPANIES THE REPUBLIC OF FIJI

FORM A8 Section 31(1) of the Companies Act 2015

APPLICATION TO DISPENSE WITH "LIMITED" IN THE NAME OF THE COMPANY

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island/State/Territory.
A. Details of applicant
Is the company incorporated?
□ Yes □ No
Company name or proposed Company name
B. Description of purpose for which the Company has been formed
Description of business for which the Company has been formed
C. Articles of Association

You must lodge a copy of the Articles of Association of the Company with this form.

D. Signature of applicant

I/We apply for a licence to dispense with "Limited" in the name of the Company on the basis of the information in this form and any attachments. The information provided in this form and in any annexures is true and correct at the time of signing.

□ Individual
Surname First name(s) Former name
Signature Date signed /
□ Company
Company name
Name
Signature
□ Agent for Individual or company
Agent name
Signature Date signed /

THE MINISTER RESPONSIBLE FOR COMPANIES THE REPUBLIC OF FIJI

FORM A9 Sections 31(1), 31(2) of the Companies Act 2015

LICENCE TO DISPENSE WITH "LIMITED" IN THE NAME OF THE COMPANY

Licence No. (number)

This is to certify that
(Company name)
Company number (number)
is granted a licence to dispense with "Limited" in the name of the Company in accordance with the Companies Act 2015.
The day of commencement of the licence is / /
(The following conditions are imposed on the registration: (insert conditions if applicable))
Issued by the Minister responsible for companies in the Republic of Fiji on \dots / \dots / \dots
Name
Signature

THE MINISTER RESPONSIBLE FOR COMPANIES THE REPUBLIC OF FIJI

FORM A10 Section 31(5) of the Companies Act 2015

NOTICE REGARDING THE HOLDER OF A LICENCE TO DISPENSE WITH "LIMITED" IN THE NAME OF THE COMPANY

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours)
Level/Office building
A. Details of holder
Company name
B. Notice of event
The Company gives notice that the Company:
□ has breached a condition of the licence
□ pursued purposes that would have prevented it from being granted the licence
□ applied profits if any, or other income in promoting purposes that would have prevented it from being granted the licence
□ paid a dividend to its Members
□ altered the provisions of its Articles of Association so that it no longer contains the restrictions required under section 31(1) of the Companies Act 2015.
Date on which event occurred / /

This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A11 Sections 50, 51, 89, 90, 129, 211(1), 212, 223 of the Companies Act 2015

CHANGE TO COMPANY DETAILS

Section Registr		ed indep	pendently with this signed	cover p	page to notify the
A1	Change of address	B1	Cease company	C1	Cancellation of Shares
A2	Change of name –		officeholder	C2	Issue of Shares
	officeholders and	B2	Appoint company	C3	Change to share
	Members		officeholder		structure
A3	Change – Ultimate			C4	Changes to the register
	Holding Company				of Members
If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.					
Comp	any details				
Compa	any name				
Lodgement details Who should the Registrar contact if there is a query about this form?					
Firm/o	rganisation				
Contac	et name				
Positio	on description				
Telephone number (during business hours)					
Email	address (optional)				
L arral/	Office building				
Town/City					

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this cover sheet and the attached sections of this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

A1. Change of address

New address

This section allows a new address to be applied to one or more purposes (ie. Registered Office, Principal Place of Business, Company officeholder and/or Private Company Member). You must copy and attach another Section A1 for each new address.

Must not be a Post Office Box. Must be a street address.
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Date of change /
Apply address to: You can apply the new address to one or more of the following – Registered Office, Principal Place of Business, etc.
□ Registered Office
Does the company occupy the premises? ☐ Yes ☐ No If No, name of occupier
☐ Occupier's consent (Select box to indicate the statement below is correct) The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.
Opening hours for Public Company Each business day for at least 3 hours between 9 am and 5 pm.
Open am / pm Close am / pm
□ Principal Place of Business
□ Company officeholder's address
Officeholder
Surname
Date of birth /

□ Private Company Member's address
Individual Member
Surname First name(s) Former name
OR
Company name
A2. Change of name – officeholders and Members
Use this section to notify a name change of an Individual or organisation with one or more roles (including Member of a Private Company) in the Company.
Tick one or more boxes to indicate an Individual or organisation's current role in Company
□ Director
□ Alternate Director
□ Company secretary
□ Member

Personal name change

Previous name
Surname
Date of birth / Place of birth
New name
Surname
Date of change /
Organisational name change When a Member of a Company is an organisation, not an Individual, and the organisation has changed its name.
Previous details Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
New details Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Date of change /
A3. Change – Ultimate Holding Company
□ There is a new Ultimate Holding Company.
Company name
☐ The Ultimate Holding Company has ceased operation as the Ultimate Holding Company.
Company name
☐ The Ultimate Holding Company has changed its name.
Company name

B1. Cease company officeholder

- Use this section to notify if a company officeholder has ceased to be a company officeholder.
 You need to notify details separately for each ceased officeholder.

Date officeholder ceased / /

Officeholder
□ Director □ Alternate Director □ Company secretary
Surname
Date of birth /
Date officeholder ceased /
Officeholder
□ Director □ Alternate Director □ Company secretary
Surname
Date of birth / Place of birth Country of birth (if not Fiji)
Date officeholder ceased /
Officeholder
□ Director □ Alternate Director □ Company secretary
Surname
Date of birth / Place of birth Country of birth (if not Fiji)

B2. Appoint company officeholder

- Use this section to notify appointment of a Company officeholder.You need to notify details separately for each new officeholder.
- Address must not be a Post Office Box. Must be a street address.

Officeholder

Office held □ Director □ Company secretary
Surname First name(s) Former name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Date of birth / Place of birth Country of birth (if not Fiji)
Date of appointment /
Officeholder
Office held □ Director □ Company secretary
Surname First name(s) Former name
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Date of birth / Place of birth Country of birth (if not Fiji)
Date of appointment /

Officeholder

Office held □ Director □ Company secretary
SurnameFirst name(s)
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Date of birth / / Place of birth Country of birth (if not Fiji)
Date of appointment / /

Section C. Completion Guide

Standard share codes

Share class code	Share class
A	Class A ordinary shares
Betc.	Class Betc. ordinary shares
ORD	Ordinary shares
RED	Redeemable shares
REDP	Redeemable preference shares

Use the table below to identify the sections of this form to complete (please indicate the sections that have been completed). Completion of this table is optional.

	C1 – Cancellation of Shares	C2 – Issue of Shares	C3 – Change to share structure table	C4 – Change to Members register
Issue of Shares	Not required	✓	✓	✓
Cancellation of Shares	✓	Not required	✓	✓
Transfer of Shares	Not required	Not required	Not required	✓
Changes to amounts paid	Not required	Not required	✓	✓
Changes to beneficial	Not required	Not required	Not required	√
ownership				

- To notify the Registrar about a division or conversion of a class of shares, you must lodge a Form A33.
- To notify the Registrar about a conversion of Shares into larger or smaller numbers, you must lodge a Form A35.

C1. Cancellation of Shares

Reason for cancellation Please indicate the reason the		nave been cancelle	ed (select one or more	boxes).	
□ Redeemable preferen	ce shares	S			
□ Capital reduction					
□ Share Buy-Back					
□ Forfeited shares					
□ Other Description					
Details of cancelled sh List the details of shares can		he following table			
Share class code		Number of shares cancelled		Amount paid (cash or otherwise)	
Earliest date of change C2. Issue of Shares List details of new share issue					
			1		Ι
Share class code	Numbe issued	er of Shares	Amount paid p Share	er	Amount unpaid per Share
Earliest date of change	/	/			
If shares were issued fo contract?	r other th	nan cash, were	some or all of the	shares is	ssued under a written
			n relation to the sh ring that all stamp		

Details of the non-cash consideration	

C3. Change to share structure

Where a change to the share structure table has occurred (eg. as a result of the issue or cancellation of shares), please show the updated details for the share classes affected. Details of share classes not affected by the change are not required here.

Share class code	Full title if not standard	Total number of Shares (current after changes)	Total amount paid on these Shares	Total amount unpaid on these Shares

Earliest date of change	 	/		/	 	

C4. Changes to the register of Members

- Use this section to notify changes to the register of Members for your Company (changes to the shareholdings of Members).
- If shares are jointly owned, you must also provide names and addresses of all joint owners on a separate sheet (annexure), clearly indicating the share class and with whom the shares are jointly owned.

Member

Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Town/City
Postcode
Country (if not Fiji)
• Complete each column for each share class the above member has agreed, in writing, to take up.

• Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share	Shares	Shares	Total	Total \$	Total \$	Fully	Beneficially
class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Earliest date of o	change	/	/	/	/	 	

Member
Surname First name(s) Former name
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
 Complete each column for each share class the above member has agreed, in writing, to take up. Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share	Shares	Shares	Total	Total \$	Total \$	Fully	Beneficially
class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Earliest date of change / /

Membe	er						
First na	me(s)						
OR							
Compa	ny number (if	incorporated i ion (if not Fiji	n Fiji)				
Street n Town/C Island/S Postcod	umber and str City State/Territory le	eet					
CompBenefician	plete each column ficially held usua ple, benefits coul	n for each share cally means that the dinclude the entinee or on account	class the above related owner of the Stitlements to pay	member has ag Shares is entitle ements in relati	reed, in writing to the direction to any divi	eg, to take up. t benefit from dends. Shares	the Shares. For
Share class code	Shares increased by	Shares decreased by	Total number now held	Total \$ paid on these	Total \$ unpaid on these	Fully paid (Y/N)	Beneficially held (Y/N)
Code	-	(number)		Shares	Shares	(1/11)	

class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Earliest date of change / /

FORM A12 Section 34 of the Companies Act 2015

APPLICATION FOR REGISTRATION OF A BUSINESS NAME

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about	this form?
Firm/organisation	
Telephone number (during business hours) Email address (optional)	
Level/Office building Street number and street Town/City Island/State/Territory.	
A. Business Name	
Proposed Business Name	
Is the proposed name identical to a registered Co ☐ Yes ☐ No If yes, I declare that I own, or am registering the Company Name(s), the registration details of wh	Business Name for the owner(s) of the identical
Registered Business Name number	Registered Business Name
Date on which the business commenced or intended business Name	ds to commence business under the proposed

B. Existing Business Names

Does the applicant carry on bu ☐ Yes ☐ No If yes, list the registration detail			d Bu	siness Name(s)?
Registered Business Name nur	nber	Registered Business Nan	ne	Do you wish to cancel the registration?
C. Details of applicant				
Surname				
OR				
Company name	ited ir	ı Fiji)		
OR				
Details of Firm				
First names and surname of every Individual who is, and the corporate name of every corporation which is, a partner in the Firm		former name of a ner in the Firm	Ind of i	e nationality of every ividual who is, or country ncorporation of every poration which is, a tner in the Firm
D. Principal Place of Busines Must not be a Post Office Box. Mus Level/Office building	t be a s			

E. Description of Business
Description of business carried on or proposed to be carried on under the Business Name
F. Foreign Investment Act 1999
 The applicant is not required to hold a foreign investment registration certificate under the Foreign Investment Act 1999. The appplicant has been granted a foreign investment registration certificate under the Foreign Investment Act 1999. If granted, a copy of the foreign investment registration certificate must be lodged with this application.
G. Signature of applicant
I/We apply for registration of a Business Name on the basis of the information in this form and any attachments. The information provided in this form and in any annexures is true and correct at the time of signing.
□ Individual
Surname
Signature Date signed /
□ Company
Company name
Name Capacity □ Director □ Company secretary
Signature Date signed /

- Firm
Each partner of the Firm (including both Individuals and companies) must sign this form. Signatures may be annexed to this form.
Name
Signature Date signed / /
Name
Signature Date signed / /
Name
Signature Date signed /
□ Agent for Individual or company or Firm
Agent name
Signature

FORM A13 Section 37 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF A BUSINESS NAME

Signature

Business Name No. (number)

This is to certify that the business name

(name)

is a registered Business Name of

(holder of business name)

for the conduct of the business of (insert business details)

with the principal place of business of (address).

The day of commencement of registration is / /

Issued by the Registrar of Companies of the Republic of Fiji on /

FORM A14 Sections 39, 40 of the Companies Act 2015

CHANGE TO DETAILS OF BUSINESS NAME OWNER

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Business Name details
Business Name Business Name number
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours)
Level/Office building Street number and street Town/City Island/State/Territory.
A. Change of address of Principal Place of Business Must not be a Post Office Box. Must be a street address.
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Date of change /
B. Organisational name change When the organisation that is the Business Name holder has changed its name.
Company name
Date of change /

C. Change of Business When the organisation that provide details of the new h	is the Business Name hold	er changes by way of transfe	r of a Business Name,
Individual			
. ,	• • • • • • • • • • • • • • • • • • • •		
OR			
Company			
Company number (if inco	orporated in Fiji)		
OR			
Firm			
First names and surname of every Individual who is, and the corporate name of every corporation which is, a partner in the Firm	Any former name of a partner in the Firm	The nationality of every Individual who is, or country of incorporation of every corporation which is, a partner in the Firm	Date of change and comments regarding change
/ /	eriod for notification of (being 28 days a	anges changes from a period endi after the change occurred) to this extension application	o a period ending on

Signature of applicantIf this form records the transfer of a Business Name, the current Business Name holder or a current officeholder of the current Business Name holder must sign.

I certify that the information in this form is true and complete.

□ Individual
Surname First name(s) Former name
Signature Date signed
□ Company
Company name
Name Capacity □ Director □ Company secretary
Signature Date signed / /
□ Firm
Each partner of the Firm (including both Individuals and companies) must sign this form. Signatures may be annexed to this form.
Name
Signature Date signed
Name
Signature Date signed
Name
Signature Date signed /

FORM A15 Section 43(1) of the Companies Act 2015

NOTICE OF CEASING TO CARRY ON BUSINESS USING A BUSINESS NAME

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Business Name details
Business Name Business Name number
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Notice is given that registered holder of the abovementioned Business Name has ceased to Carry on Business using the Business Name.
Date of ceasing to Carry on Business using the Business Name
/ /
Signature of applicant If this form records the transfer of a Business Name, the current Business Name holder or a current officeholder of the current Business Name holder must sign.
I certify that the information in this form is true and complete.
□ Individual
Surname First name(s) Former name
Signature

□ Company
Company name
Name Capacity □ Director □ Company secretary
Signature
□ Firm
Each partner of the Firm (including both Individuals and companies) must sign this form. Signatures may be annexed to this form.
Name
Signature Date signed / /
Name
Signature Date signed
Name
Signature

FORM A16 Sections 43(2), 43(3), 43(4) of the Companies Act 2015

NOTICE REGARDING A BUSINESS NAME

To:
Surname
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
OR
Firm name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Details of notice
This is a notice in relation to:
Business Name Business Name number
The Registrar:
□ has removed the Business Name from the register of Business Names following receipt of a Prescribed Form under section 43(1) of the Companies Act 2015 (section 43(2))
has reasonable cause to believe that the Firm or person to whom this Business Name is registered is not Carrying on Business under that Business Name and intends to remove the Business Name from the register of Business Names if a response to this notice which is satisfactory to the Registrar is not received within 3 months of the date of the notice (section 43(3))
□ has removed the Business Name from the register of Business Names because the Registrar:
\Box considers that the Business Name should not have been registered (section 43(4)(a))

□ has not received a response which is satisfactory to the Registrar within 3 months of the date of the notice issued under section 43(3) of the Companies Act 2015 (section 43(4)(b))
\Box received a response to the notice issued under section 43(3) of the Companies Act 2015 from a Firm or person to whom a Business Name is registered to the effect that the Firm or person has ceased to Carry on Business under the Business Name (section 43(4)(c)).
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

FORM A17 Section 57 of the Companies Act 2015

APPLICATION FOR REGISTRATION AS A FOREIGN COMPANY

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Application
I apply for registration of the company as a Foreign Company under the Companies Act 2015 as it applies under Part 6 of the Companies Act 2015.
B. Details of current registration
Company name Company number in place of origin (if any) Date of incorporation /

Has a name reservation been lodged to reserve t	he body's name?
☐ Yes If yes, provide name reservation number	
□ No If no, is the proposed name identical to a registe □ Yes □ No If yes, I declare that I own, or am registering the business name(s), the registration details of which	e company for the owner(s) of the identical
Registered Business Name number	Registered Business Name
C. Details of the Foreign Company	
Registered office or principal place of busine Must not be a Post Office Box. Must be a street address.	ss in Fiji
☐ Registered office ☐ Principal place of business	
Street number and street	
Does the company occupy the premises? ☐ Yes ☐ No If No, name of occupier	
☐ Occupier's consent (Select box to indicate the The occupier of the premises has consented in writing registered office of the company and has not withdraw	to the use of the specified address as the address of the
Opening hours Each business day for at least 3 hours between 9 am	and 5 pm.
Open am / pm Close am / pm	
Registered office in place of incorporation	
Street number and street	

D. Details of Local Agent
Surname
Level/Office building Street number and street Town/City Island
 E. Details of directors or equivalent officers Please complete a separate section below for each officeholder and print additional copies if more officeholders are required. Address must not be a Post Office Box. Must be a street address.
Officeholder
Surname First names Former name Company name
Office held
Date of appointment /
Level/Office building
Postcode
Date of birth /
Country of one (if not 1 ij.)

Officeholder

Surname
First name(s)
Former name
Company name
Office held
Date of appointment / /
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Date of birth /
Place of birth
Country of birth (if not Fiji)
Officeholder
Surname
First name(s)
Former name
Company name
Office held
Date of appointment / /
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Date of birth /
Place of birth
Country of birth (if not Fiji)
•

D.	Doguments	ladgad	with this	application
г.	Documents	iougeu	WILL LILLS	аррисации

The following documents must be lodged with this application.

- Certified copy (or if a certified copy cannot be obtained, a copy of the instrument and a statutory declaration confirming it is a true and correct copy) of the charter, statutes or memorandum and articles of the foreign company or other instrument constituting or defining the constitution of the foreign company.
 If the instrument is not written in the English language, a certified translation of the document.
- □ A statement of all subsisting Charges excluding Charges in relation to Property solely situated outside Fiji.
- □ A copy of the foreign investment registration certificate granted to the foreign company under the Foreign Investment Act 1999.

G. Declaration by applicant

Signature

I/we apply for registration of a Foreign Company on the basis of the information in this form and any attachments. The information provided in this application and in any annexures is true and correct at the time of signing.

Signature of applicant
Name
Capacity □ Director (or equivalent) of the foreign company □ Secretary of the foreign company □ Duly appointed local agent of the foreign company
Signature Date signed / /
H. Declaration by local agent
I have been appointed as the local agent of the foreign company named in this application.
Signature of local agent
Name

FORM A18 Section 58 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF FOREIGN COMPANY

Foreign Company No. (number)

This is to certify that
(Foreign Company name)
is a registered Foreign Company under the Companies Act 2015.
The liability of the Members of the Foreign Company is (Limited by Shares / Limited by Shares and Guarantee / Limited by Guarantee / Unlimited).
The day of commencement of registration is / /
Issued by the Registrar of Companies of the Republic of Fiji on / /
Name
Signature

FORM A19 Section 59(1) of the Companies Act 2015

CHANGE TO DETAILS OF FOREIGN COMPANY

Sections A, B, C or D may be lodged independently with this signed cover page to notify the Registrar of:

A	Change of charter, statutes or memorandum and articles	B1 B2 B3 B4	Cease company officeholder Appoint company officeholder Change of name – officeholders Change of name – officeholders	C1 C2 C3 C4	Cease Local Agent Appoint Local Agent Change of name – Local Agent Change of name – Local Agent Agent Agent Agent Agent	D	Change of address – Registered Office or principal place of business in Fiji

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Foreign Company details

Foreign Company name
Foreign Company number
Lodgement details
Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
Level/Office building
Street number and street
Town/City
Island

Signature

certify that the information in this cover sheet and the attached sections of this form is true and complete.
Name
Capacity □ Director (or equivalent) of the Foreign Company □ Secretary of the Foreign Company
□ Duly appointed local agent of the Foreign Company
Signature

A. Change of charter, statutes or memorandum and articles

Date of change / /

If there is a change, the following documents must be lodged with this form.	

- □ Certified copy (or if a certified copy cannot be obtained, a copy of the instrument and a statutory declaration confirming it is a true and correct copy) of the charter, statutes or memorandum and articles of the Foreign Company or other instrument constituting or defining the constitution of the Foreign Company.
 - □ If the instrument is not written in the English language, a certified translation of the document.

B. Change of officeholders

Officeholder

B1. Cease company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Surname First name(s) Company name
Office held
Date of birth / Place of birth Country of birth (if not Fiji)
Officeholder
Surname First name(s) Company name
Office held
Date of birth / / Place of birth Country of birth (if not Fiji) Officeholder
Surname First name(s) Company name
Office held
Date of birth / Place of birth Country of birth (if not Fiji)

B2. Appoint company officeholder

- Use this section to notify appointment of a Company officeholder.
- You need to notify details separately for each new officeholder.
- Address must not be a Post Office Box. Must be a street address.

Officeholder

Surname
First name(s)
Former name
Company name
Office held
Date of appointment / /
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Date of birth /
Place of birth
Country of birth (if not Fiji)
Officeholder
Surname
First name(s)
Former name
Company name
Office held
Date of appointment / /
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Date of birth /
Place of birth
Country of birth (if not Fiji)

Officeholder

Surname
First name(s)
Former name
Company name
Office held
Date of appointment /
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Country (II not 1 iji)
Date of birth / /
Place of birth
Country of birth (if not Fiji)
B3. Change of name – officeholders
Previous name
Surname
Surname
Surname
Surname
Surname First name(s) Company name Office held
Surname First name(s) Company name Office held Date of birth /
Surname First name(s) Company name Office held Date of birth / / Place of birth
Surname First name(s) Company name Office held Date of birth /
Surname First name(s) Company name Office held Date of birth / / Place of birth
Surname First name(s) Company name Office held Date of birth / / Place of birth Country of birth (if not Fiji) New name
Surname First name(s) Company name Office held Date of birth / / Place of birth Country of birth (if not Fiji) New name Surname
Surname First name(s) Company name Office held Date of birth / / / Place of birth Country of birth (if not Fiji) New name Surname First name(s)
Surname First name(s) Company name Office held Date of birth / / Place of birth Country of birth (if not Fiji) New name Surname

B4. Change of address – officeholders

Must not be a Post Office Box. Must be a street address.
Surname First name(s) Former name Company name
Office held Date of appointment / /
Date of birth / / Place of birth
Previous address
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
New address
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)

C. Change of details of Local Agent

C1. Cease Local Agent

Surname
First name(s)
Former name
Level/Office building
Street number and street
Town/City
Island
Date of change /
C2. Appoint Local Agent
Address must not be a Post Office Box. Must be a street address.
Surname
First name(s)
Former name
Level/Office building
Street number and street
Town/City
Island
Date of change /
C3. Change of name – Local Agent
Previous name
Surname
First name(s)
New name
Surname
First name(s)
Date of change / /

Must not be a Post Office Box. Must be a street address. Surname First name(s) Former name Previous address Level/Office building Street number and street Town/City
First name(s) Former name Previous address Level/Office building Street number and street Town/City
First name(s) Former name Previous address Level/Office building Street number and street Town/City
Former name Previous address Level/Office building
Level/Office building
Street number and street
Street number and street
Town/City
Island
New address
Level/Office building
Street number and street
Town/City
Island
Date of change /
C5. Declaration by local agent
I have been appointed as the local agent of the Foreign Company named in this application.
Signature of local agent
Name
Date of appointment / /
Signature

D. Change of address – Registered Office or principal place of business in Fiji

Must not be a Post Office Box. Must be a street address.
□ Registered office □ Principal place of business
Level/Office building Street number and street Town/City Island
Does the company occupy the premises? □ Yes □ No If No, name of occupier
□ Occupier's consent (Select box to indicate the statement below is correct) The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.
Opening hours Each business day for at least 3 hours between 9 am and 5 pm.
Open am / pm Close am / pm
Date of change / /

FORM A20 Sections 59(2), 62 of the Companies Act 2015

NOTIFICATION OF CESSATION, WINDING UP OR DISSOLUTION OF A FOREIGN COMPANY

Foreign Company details
Foreign Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name
Email address (optional)
Level/Office building Street number and street Town/City Island
Details of event
☐ The Foreign Company ceased to carry on business.
Date of change /
□ The Foreign Company ceased to carry on business in Fiji.
Date of change /
☐ The Foreign Company was dissolved/deregistered in its place of origin.
Date of change /
□ Proceedings commenced to wind up the Foreign Company in its place of origin.
Date of change / /

Si	gn	at	u	re

I certify that the information in this form is true and complete.
Name
Capacity □ Director (or equivalent) of the Foreign Company □ Secretary of the Foreign Company □ Duly appointed local agent of the Foreign Company
Signature

FORM A21 Sections 59(2), 62 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO NOTIFY OF CESSATION, WINDING UP OR DISSOLUTION OF A FOREIGN COMPANY

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Foreign Company details
Foreign Company name Foreign Company number
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Extension application for notification of cessation, winding up or dissolution of a Foreign Company
We apply to extend the period for notification of cessation, winding up or dissolution of a Foreign Company from a period ending on / / (being 28 days after the change occurred) to a period ending on / / The reasons for this extension application are as follows:

Signature	Si	gn	at	u	r	E
-----------	----	----	----	---	---	---

I certify that the information in this form is true and complete.
Name
Capacity □ Director (or equivalent) of the Foreign Company □ Secretary of the Foreign Company □ Duly appointed local agent of the Foreign Company
Signature

FORM A22 Section 61 of the Companies Act 2015

STATEMENT TO VERIFY FINANCIAL STATEMENTS OF A FOREIGN COMPANY

Foreign Company details
Foreign Company name Foreign Company number Financial year ended /
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Signature
I verify that the copies of financial statements annexed to this form are true copies of those financial statements and that the information in this form is true and complete.
Name
Capacity □ Director (or equivalent) of the Foreign Company □ Secretary of the Foreign Company □ Duly appointed local agent of the Foreign Company
Signature

FORM A23 Section 61 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD FOR LODGEMENT OF FINANCIAL STATEMENTS

Foreign Company details
Foreign Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Extension application for lodgement of Financial Statements
We apply to extend the period for lodgement of the Financial Statements from a period ending on / / (being 6 months after the end of the Financial Year). The reasons for this extension application are as follows:

Sign	atu	re

I certify that the information in this form is true and complete.	
Name	
Capacity □ Director (or equivalent) of the Foreign Company □ Secretary of the Foreign Company □ Duly appointed local agent of the Foreign Company	
Signature	

Surname

FORM A24 Section 62 of the Companies Act 2015

NOTICE REGARDING A FOREIGN COMPANY

To:

First name(s)
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Details of notice
This is a notice in relation to
Foreign Company name
The Registrar:
has reasonable cause to believe that the Foreign Company has ceased to carry on business in Fiji and is enquiring whether the company is maintaining a place of business in Fiji (section 62(3))
□ intends to remove the Foreign Company from the register of Foreign Companies
□ has removed the Foreign Company from the register of Foreign Companies because:
□ the Registrar has not received a response which is satisfactory to the Registrar within 3 months of the date of the notice issued under section 62(3) of the Companies Act 2015 (section 62(4))
the Registrar received a response to the notice issued under section 62(3) of the Companion Act 2015 to the effect that the Foreign Company has ceased to carry on business in Fiji (section 62(4))

□ the Foreign Company has been wound up, dissolved or deregistered in its place of incorporation or formation (section 62(11)).
Issued by the Registrar of Companies of the Republic of Fiji on / /
Name
Signature

FORM A25 Section 64 of the Companies Act 2015

NOTIFICATION OF LOCATION OF REGISTER

Foreign Company details
Foreign Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building
This form gives notice of the location of the register of a Foreign Company.
Details of change
Date of change /
Previous address
Level/Office building
New address Must not be a Post Office Box. Must be a street address.
Level/Office building
Island

I certify that the information in this form is true and complete.
Name
Capacity

capacity
□ Director (or equivalent) of the Foreign Company
□ Secretary of the Foreign Company
□ Duly appointed local agent of the Foreign Company
Signature
Date signed / /
Date signed / /

Signature

FORM A26 Section 77 of the Companies Act 2015

APPLICATION FOR CHANGE OF COMPANY TYPE

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Change of type required Please indicate the change of type required and complete the Attachments which you are required to complete for that change of type.
□ Private Company Limited by Shares – convert to: □ Public Company Limited by Shares (sign the form) □ Unlimited Liability Company (sign the form and complete Attachment 1)
□ Public Company Limited by Shares – convert to: □ Private Company Limited by Shares (sign the form and complete Attachment 4) □ Unlimited Liability Company (sign the form and complete Attachment 1)
□ Unlimited Liability Company— convert to: □ Private Company Limited by Shares (sign the form and complete Attachment 4) □ Public Company Limited by Shares (sign the form)
□ Company Limited by Guarantee – convert to: □ Private Company Limited by Shares (sign the form and complete Attachment 2 and 3) □ Public Company Limited by Shares (sign the form and complete Attachment 2 and 3)

□ Company limited by Shares and Guarantee – convert to:
□ Private Company Limited by Shares (sign the form and complete declaration only at Attachments 2 and 3)
□ Public Company Limited by Shares (sign the form and complete declaration only at Attachments 2 and 3)
□ Company Limited by Guarantee (sign the form and complete declaration only at Attachment 2)
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this cover sheet and the attached sections of this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

Attachment 1

Assent of Member

A separate section must be completed by each Member of the Company or their authorised agents.

I assent to the Company's application to become an Unlimited Liability Company.
Surname
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Signature
Assent of Member A separate section must be completed by each Member of the Company or their authorised agents.
I assent to the Company's application to become an Unlimited Liability Company.
Surname First name(s) Former name
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Signature

Assent of MemberA separate section must be completed by each Member of the Company or their authorised agents.

I assent to the Company's application to become an Unlimited Liability Company.
Surname First name(s) Former name
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Signature
Declaration
I am a current officeholder of the Company.
The persons by whom or on whose behalf the form of assent has been signed constitute the whole membership of the Company.
Where the form has been signed on behalf of a member, I have taken reasonable steps to satisfy myself that the person who signed the form was lawfully empowered to do so.
I certify that the information in this attachment is true and complete.
Name
Capacity □ Director □ Company secretary
Signature Date signed /

Attachment 2

The following statement is made in support of an application for the Registrar to allow the company to convert:

☐ from being a Company Limited by Guarantee to being a Company Limited by Shares; or (The directors state that the company's creditors will not be materially prejudiced by the change of this compan from being a Company Limited by Guarantee to being a Company Limited by Shares)							
from being a Company Limited by Shares and Guarantee to being a Company Limited by Shares or a Company Limited by Guarantee. (The directors state that the Company's creditors will not be materially prejudiced by the change of this Company from being a Company Limited by Shares and Guarantee to being a Company Limited by Shares or a Company Limited by Guarantee.)							
The reasons for this view being formed are as follows:							
All current directors must sign this declaration. If there is insufficient space, provide details in an annexure.							
Name of director							
Signature Date signed /							
Name of director							
Signature Date signed /							
Name of director							
Signature Date signed /							
Name of director							
Signature Date signed /							
Name of director							
Signature Date signed /							

Attachment 3

Issue of shares

The Company has prepared a list that sets out the following details about each person to whom the Shares will be issued when the change of type becomes effective:

- (a) name and address of each person listed;
- (b) number and class of the Shares that the person will take up;
- (c) the amount (if any) that will be paid for the Shares; and
- (d) the amount (if any) that will be unpaid for the Shares.

Share structure table

Details of shares issued by the Company. Please show all the shares that the Company will have on issue at the time of its conversion.

Share class code	Full title if not standard	Total number of Shares (current after changes)	Total amount paid on these Shares	Total amount unpaid on these Shares

	es will be issued for other than cash, will some or all of the Shares be issued under a contract?
□ Yes	
•	You must lodge a copy of the contract in relation to the Share issue.
•	You must also lodge a Form A36 certifying that all stamp duties have been paid.
□ No	
I	Details of the non-cash consideration

Details of Members

- Use this section to notify details of the register of Members for your Company after this conversion.
- If shares are jointly owned, you must also provide names and addresses of all joint owners on a separate sheet (annexure), clearly indicating the share class and with whom the shares are jointly owned.
- Address must not be a Post Office Box. Must be a street address.

N	/	6	m	h	er	

Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Fown/City
Street number and street
Postcode
Country (if not Fiji)

- Complete each column for each share class the above member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share	Shares	Shares	Total	Total \$	Total \$	Fully	Beneficially
class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Memb	er
------	----

Surname
Surname First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Fown/City
sland/State/Territory
Postcode
Country (if not Fiji)

- Complete each column for each share class the above member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share class code	Shares increased by	Shares decreased by	Total number now held	Total \$ paid on these	Total \$ unpaid on these	Fully paid (Y/N)	Beneficially held (Y/N)
	(number)	(number)		Shares	Shares		

Membe	er						
First na	me(s)						
OR							
Compar Country Level/C	ny number (if or of incorporate of or		n Fiji) i)				
Town/C Island/S	City State/Territory	eet					
							••••••
Beneficial example	ficially held usua ple, benefits coul	n for each share c lly means that the d include the ent inee or on accoun	e owner of the sitlements to pay	Shares is entitlyments in relat	ed to the direction to any div	et benefit from idends. Shares	the Shares. For
Share class code	Shares increased by(number)	Shares decreased by (number)	Total number now held	Total \$ paid on these Shares	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)
I certify Name .	n must be signed that the infor	by a current office mation in this	attachment i	s true and co	omplete.		
Capacit □ Direc □ Comp							
		/					

Attachment 4

Share structure table

Details of Shares issued by the Company. Please show all the shares that the Company will have on issue at the time of its conversion.

Share class code	Full title if not standard	Total number of Shares (current after changes)	Total amount paid on these Shares	Total amount unpaid on these Shares

Details of Members

Member

- Use this section to notify details of the register of Members for your Company after this conversion.
- If shares are jointly owned, you must also provide names and addresses of all joint owners on a separate sheet (annexure), clearly indicating the share class and with whom the Shares are jointly owned.

Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Fown/City
sland/State/Territory
Postcode
Country (if not Fiji)

- Complete each column for each share class the above Member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For
 example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a
 person as trustee, nominee or on account of another person are non-beneficially held.

Share	Shares	Shares	Total	Total \$	Total \$	Fully	Beneficially
class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Meml	ber
------	-----

Surname
Surname First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)

- Complete each column for each share class the above Member has agreed, in writing, to take up.
- Beneficially held usually means that the owner of the Shares is entitled to the direct benefit from the Shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee or on account of another person are non-beneficially held.

Share	Shares	Shares	Total	Total \$	Total \$	Fully	Beneficially
class	increased	decreased	number	paid	unpaid	paid	held (Y/N)
code	by	by	now held	on these	on these	(Y/N)	
	(number)	(number)		Shares	Shares		

Membe	er						
First na	me(s)				• • • • • • • • • • • • • • • • • • • •		
OR							
Compa	ny number (if	incorporated i	n Fiji)				
Street in Town/C Island/S Postcool Country • Comp • Benedexam	tumber and str City	eet	class the above e owner of the itlements to pa	Member has a Shares is entitl yments in relat	greed, in writing to the direction to any div	ng, to take up t benefit fron idends. Share	. the Shares. For
Share class code	Shares increased by(number)	Shares decreased by (number)	Total number now held	Total \$ paid on these Shares	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)
I certify Name . Capacit Direct Comp	that the infor y that the infor y tor boany secretary		attachment i	is true and co	omplete.		
Date sig	gned /	/					

FORM A27 Section 78 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF COMPANY ON CHANGE OF COMPANY TYPE

This is to certify that
(Company name)
with company number (number) has changed its Company type from (insert type of company – Company Limited by Shares (Private Company) / Company Limited by Shares (Public Company) / Company Limited by Guarantee (Public Company) / Unlimited Liability Company (Public Company)) to (insert type of company – Company Limited by Shares (Private Company) / Company Limited by Shares (Public Company) / Company Limited by Shares and Guarantee (Public Company) / Company Limited by Guarantee (Public Company) / Unlimited Liability Company (Public Company)) and remains a registered company under the Companies Act 2015.
The Members of the Company have the liability prescribed under the Companies Act 2015 for this type of Company.
The date of the change of Company type is / /
Issued by the Registrar of Companies of the Republic of Fiji on / /
Name

Signature

FORM A28 Sections 86, 175, 368 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO PROVIDE COPIES OF REGISTERS OR MINUTES

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Details of Company or Trustee / Manager of a Managed Investment Scheme

Signature This form must be signed by a current officeholder of the Company or Trustee of a Managed Investment Scheme.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A29 Section 128 of the Companies Act 2015

NOTIFICATION BY OFFICEHOLDER OF RESIGNATION OR RETIREMENT

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description
Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Resignation or retirement details
Office held (tick all roles from which the officeholder is ceasing) □ Director □ Alternate Director □ Company secretary
Surname
Date of birth / Place of birth Country of birth (if not Fiji)
Date officeholder ceased /

Signature This form must be signed by the retiring or resigning officeholder.
I certify that the information in this form is true and complete.
Name
Signature

FORM A30 Section 131 of the Companies Act 2015

NOTICE REQUIRING INFORMATION ABOUT OFFICERS

To:
Surname First name(s)
Details of the notice
The Registrar has reason to suspect that there may have been:
□ a contravention of the Companies Act 2015
□ a contravention of another law of Fiji
The general nature of the suspected contravention is as follows:
You are required to inform the Registrar of the following by / /:
(a) whether you are a Director, alternate Director or company secretary of (Company name) with company number (number)
(b) if you are no longer a Director, alternate Director or Company secretary of the Company, the date on which you ceased to be a Director, alternate Director of company secretary.
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

FORM A31 Section 171 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO HOLD AGM

Company details
Company name Company number
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description
Level/Office building
Island Extension application for period to hold AGM
Extension apprecation for period to note AGM
We apply to extend the period for holding an AGM from a period ending on / /

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A32 Sections 179, 187, 197, 439, 530, 553, 571, 585, 596, 609 of the Companies Act 2015

COVER PAGE FOR COPY OF COURT ORDER OR OTHER ORDER

Co	ompany / person details	
	mpany namempany number	
	rnamest name(s)	
	dgement details o should the Registrar contact if there is a query about this form?	
Co Po Te	m/organisation ntact name sition description lephone number (during business hours) nail address (optional)	
Str To	vel/Office buildingeet number and streetwn/Cityand	
De	tails of the order	
Pro Ye	te of obtaining order / /	
Ту	pe of order	
	Remedying oppressive conduct	Section 179
	Variation, cancellation or modification of class rights	Section 187
	Validating Shares issued	Section 197
	Facilitating reconstruction and amalgamation of Companies	Section 439
	Winding up	Section 530
	Stay of winding up	Section 553

	Deregistration	Section 571
	Deregistration	Section 585
	Deregistration	Section 596
	Reinstatement	Section 609
	Other	Section
	Brief description	
Sig	gnature	
Lce	ertify that the information in this form is true and con	nnlete.
	·	
□ I	Individual	
Fir	rnamerst name(s)rmer name	
	gnature	
- (Company	
Na	me	
□ I	pacity Director Company secretary Liquidator	
_	gnaturete signed / /	

FORM A33 Sections 189(1)(a), 189(1)(b) of the Companies Act 2015

NOTIFICATION OF DIVISION OR CONVERSION OF CLASSES OF SHARES

Use this form to notify the Registrar of changes to existing Shares to another class or two or more different classes of shares. Do not use this form to notify of conversion of all or any Shares into a smaller or larger number – use Form A35.

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Share class
Standard share codes

Share class code A Class A ordinary shares B...etc. Class B...etc. ordinary shares ORD Ordinary shares RED Redeemable shares REDP Redeemable preference shares

- If you are using the standard share class codes you do not need to provide a full title for the Shares, just the share class code.
- If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title.
- Complete Sections A, B and C for a Share division and Sections A, C and D for a Share conversion.

A. Share structure before division/conversion

The total number of Shares should be the same before and after division or conversion. e.g.

- o 200 'A' class shares are divided into 100 'B' class and 100 'C' class shares; or
- o 500 'A class' shares become 500 'B class' shares,

and the amounts paid and unpaid after division/conversion must also be the same.

Share class code	Full title if not	Total number of	Total amount	Total amount
	standard	Shares	paid on these	unpaid on these
			Shares	Shares
Total amount paid	d and total amount ur			
share classes				

B. Share structure after division

Share class code	Full title if not standard	Total number of Shares	Total amount paid on these Shares	Total amount unpaid on these Shares
			Shares	Silares
Total amount paid share classes	d and total amount un			

C. Share structure after conversion

Share class code	Full title if not standard	Total number of Shares	Total amount paid on these Shares	Total amount unpaid on these Shares
T . 1	1 1 1			
share classes	d and total amount un			

D. Details of members

Member

• Use this section to notify the details for each Member.

Surname
First name(s)
Former name
OR Control of the Con
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
• • • • • • • • • • • • • • • • • • • •
evel/Office building
treet number and street
Fown/City
sland/State/Territory
Postcode
Country (if not Fiji)

Share class code	Number of Shares	Amount agreed to	Total \$ paid on these	Amount unpaid per Share	Total \$ unpaid	Fully paid (Y/N)	Beneficially held (Y/N)
code	taken up	pay per Share	Shares	per Share	on these Shares	(1/N)	
		Share	Silaics		Shares		

Member Surname First name(s) Former name OR Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji) Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji) Share Number Amount Total \$ Amount Total \$ **Fully** Beneficially class of Shares agreed to paid on unpaid unpaid paid held (Y/N) code taken up pay per these per Share on these (Y/N)Share Shares Shares

Member							
First name	e(s)						
OR							
Company	number (if ii	ncorporated	in Fiji)				
Street num Town/City Island/Stat Postcode .	te/Territory	et					
Share class code	Number of Shares taken up	Amount agreed to pay per Share	Total \$ paid on these Shares	Amount unpaid per Share	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)
	ust be signed b						
I certify th	at the inform	nation in this	s form is tru	e and comple	ete.		
Name						• • • • • • • • • • • • • • • • • • • •	
Capacity □ Director □ Compan	y secretary						
	ed / .						

FORM A34 Section 189(1)(c) of the Companies Act 2015

NOTIFICATION OF STATEMENT OF SPECIAL RIGHTS CARRIED BY SHARES

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Documents lodged
Attach this form to each document (including an agreement, consent or resolution) required to be lodged under section $189(1)(c)$ that does any of the following:
Tick box ☐ Attaches rights to issued or unissued Shares ☐ Varies or cancels rights attaching to issued or unissued Shares ☐ Varies or cancels rights of members in a class of Members of a Company that does not have a share capital or binds a class of Members
Effective date / /

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature

FORM A35 Sections 199, 218(4), 222(6) 233(1), 233(2), 233(3) of the Companies Act 2015

NOTIFICATION OF RESOLUTIONS REGARDING SHARES

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Co	mpany details	
	mpany namempany number	
	dgement details o should the Registrar contact if there is a query about this form?	
Co Pos Tel	m/organisation ntact name sition description ephone number (during business hours) ail address (optional)	
Str To	vel/Office buildingeet number and streetwn/Cityund	
A.	Subject(s) of the resolution	
	Convert Shares into larger or smaller number (consolidation/subdivision) Complete details of consolidation/subdivision at Attachment 1	Section 199
	Selective reduction in share capital	Section 218(4)
	Share Buy-Back	Section 222(6)
	Financial assistance by a company for acquiring Shares in the Company or Holding Company – approval by the Company's own Members	Section 233(1)
	Financial assistance by a Company for acquiring Shares in the Company or Holding Company – approval by members of Listed Holding Company	Section 233(2)
	Financial assistance by a Company for acquiring Shares in the Company or Holding Company – approval by Members of the Ultimate Holding Company in Fiji	Section 233(3)

□ Other	Section
Brief description	
B. Details of resolution	
Date of meeting or resolution / /	
The resolution	
□ Set out below	
☐ In the attached annexure	
was passed or agreed to (as required) as a special or ordinary res	solution (as applicable) in
accordance with the Companies Act 2015.	serumen (ac approducts) in
wood dames with the companies rice 2010.	
Signature	
This form must be signed by a current officeholder of the Company.	
I certify that the information in this cover sheet and the attached	sections of this form is true and
complete.	
Nama	
Name	
Capacity	
□ Director	
□ Company secretary	
- company occionis	
Signature	
Date signed /	
-	

Attachment 1

Company details

Company name
Company number

Share class

Standard share codes

Share class code	Share class
A	Class A ordinary shares
Betc.	Class Betc. ordinary shares
ORD	Ordinary shares
RED	Redeemable shares
REDP	Redeemable preference shares

- If you are using the standard share class codes you do not need to provide a full title for the Shares, just the share class code.
- If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title
- Complete Sections A, B and D for a share division and Sections A, C and D for a share conversion.

A. Share structure before consolidation/subdivision

You are only required to show the share classes that are affected by the consolidation/subdivision. The total of all the amounts paid and unpaid should be the same before and after the consolidation/subdivision.

Share class code	Full title if not standard	Total number of Shares	Total amount paid on these Shares	Total amount unpaid on these Shares
Total amount paid share classes	d and total amount ur			

B. Share structure after consolidation

You are only required to show the share classes that are affected by the consolidation. The total of all the amounts paid and unpaid should be the same before and after the consolidation.

Share class code	Full title if not standard	Total number of Shares	Total amount paid on these Shares	Total amount unpaid on these Shares
			Shares	Shares
Total amount paid share classes	d and total amount un			

C. Share structure after subdivision

You are only required to show the share classes that are affected by the subdivision. The total of all the amounts paid and unpaid should be the same before and after the subdivision.

Share class code	Full title if not standard	Total number of Shares	Total amount paid on these	Total amount unpaid on these
	Standard	Shares	_	_
			Shares	Shares
			_	
Total amount paid	d and total amount un			
share classes				

D. Details of members

- Use this section to notify the details for each member.
- If shares are jointly owned, provide names and addresses of all joint-owners on a separate sheet (annexure), clearly indicating the share class and with whom the Shares are jointly owned.

Member							
First name	(s)						
OR							
Company	number (if in	corporated	in Fiji)				
Street num Town/City Island/Stat Postcode	ber and streede/Territory	et					
Share	Number	Amount	Total \$	Amount	Total \$	Fully	Beneficiall

Share class code	Number of Shares taken up	Amount agreed to pay per Share	Total \$ paid on these Shares	Amount unpaid per Share	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)
		-			-		

Member

First name	e(s)						
OR							
Company	number (if ii	ncorporated	in Fiji)				
Street num Town/City Island/Stat Postcode .	nber and stre / te/Territory .	et					
Share class code	Number of Shares taken up	Amount agreed to pay per Share	Total \$ paid on these Shares	Amount unpaid per Share	Total \$ unpaid on these Shares	Fully paid (Y/N)	Beneficially held (Y/N)

Member Surname First name(s) Former name OR Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji) Level/Office building Street number and street Town/City Island/State/Territory..... Postcode Country (if not Fiji) Share Number Amount Total \$ Amount Total \$ **Fully** Beneficially class of Shares agreed to paid on unpaid unpaid paid held (Y/N) pay per per Share on these (Y/N)code taken up these Share Shares Shares

FORM A36 Section 211(2) of the Companies Act 2015

CERTIFICATE OF COMPLIANCE WITH STAMP DUTY LAW

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours) Email address (optional)
(-r
Level/Office building
Street number and street
Town/City
Island
Date of contract / /
Name(s) of contracting parties
Details of the Shares issued, or deemed to have been issued under the contract
Name and class
Name and class
Name and slave

Signature

This form must be signed by a current officeholder of the Company.
I certify that the contract for the issue of Shares has been duly stamped, if so required and as required by any law of the Republic of Fiji relating to stamp duty on any such document.
Name
Capacity □ Director □ Company secretary
Signature

FORM A37 Section 213(1)(a) of the Companies Act 2015

NOTICE OF INITIAL SUBSTANTIAL INTEREST

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details

To:
Company name / Name of Manager of the Managed Investment Scheme
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Details of the Substantial Interest holder
If there are a number of Substantial Interest holders with similar or related Relevant Interests (eg. a Company and its Related Bodies Corporate), the names could be included in an annexure to the form. If the Relevant Interests of a group of persons are essentially similar, they may be referred to throughout the form as a specifically named group if the membership of each group, with the names and addresses of members is clearly set out in Section G of the form.
Name
The holder became a Substantial Interest holder on / /

B. Details of voting power

The total number of votes attached to all the voting Shares in the Company or voting interests in the Managed Investment Scheme that the Substantial Interest holder or a Related Body Corporate had a Relevant Interest in on the date the Substantial Interest holder became a Substantial Interest holder are as follows:

Class of Securities	Number of Securities	Person's votes	Voting power
The voting Shares of a Company constitute one class unless divided into separate classes.		The total number of votes attached to all the voting Shares in the Company or Managed Investment Scheme (if any) that the person or a Related Body Corporate has a Relevant Interest.	The person's votes divided by the total votes in the Company or Managed Investment Scheme multiplied by 100.

C. Details of Relevant Interests

The nature of the Relevant Interest the Substantial Interest holder or a Related Body Corporate had in the following voting securities on the date the Substantial Interest holder became a Substantial Interest Holder are as follows:

Holder of Relevant Interest	Nature of Relevant Interest	Class and number of
		Securities

D. Details of present registered holders

The persons registered as holders of the Securities referred to in section C above are as follows:

Holder of Relevant Interest	Registered holder of Securities	Person entitled to be registered as holder	Class and number of Securities
		If the Substantial Interest holder is unable to determine the identity of the person (eg. if the relevant interest arises because of an option) write "unknown".	

E. Consideration

The consideration paid for each Relevant Interest referred to in Section C above, and acquired in the 4 months prior to the day that the Substantial Interest holder became a Substantial Interest holder is as follows:

Holder of Relevant Interest	Date of acquisition	Consideration		Class and number of Securities
		Cash	Non-cash	

Details of the consideration must include any and all benefits, money and other, that any person from whom a Relevant Interest was acquired has, or may, become entitled to receive in relation to that acquisition. Details must be included even if the benefit is conditional on the happening or not of a contingency. Details must be included of any benefit paid on behalf of the Substantial Interest holder or its Related Body Corporate in relation to the acquisitions, even if they are not paid directly to the person from whom the Relevant Interest was acquired.

F. Related Bodies Corporate

The reasons the persons named in Section C above are Related Bodies Corporate of the Substantial Interest holder are as follows:

Name	Nature of relationship

G. Addresses

The addresses of persons named in this form are as follows:

Name	Address

H. Agreements

Details of any agreement through which an interest in voting Shares in the Company or voting interests in the Managed Investment Scheme are acquired. Alternatively, annex copies of the relevant agreements to this form.

Signature

I certify that the information in this form and any annexures is true and correct at the time of signing.

□ Individual
Surname
First name(s)
Former name
Signature Date signed
□ Company
Name
Capacity
Director
□ Company secretary
Signature
Date signed /

FORM A38 Section 213(1)(a) of the Companies Act 2015

NOTICE OF CEASING TO HAVE A SUBSTANTIAL INTEREST

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details

To:
Company name / Name of Manager of the Managed Investment Scheme
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Details of the Substantial Interest holder
If there are a number of Substantial Interest holders with similar or related Relevant Interests (eg. a Company and its Related Bodies Corporate), the names could be included in an annexure to the form. If the Relevant Interests of a group of persons are essentially similar, they may be referred to throughout the form as a specifically named group if the membership of each group, with the names and addresses of members is clearly set out in Section D of the form.
Name
The holder ceased to be a Substantial Interest holder on / The previous notice was given to the company / manager on /

B. Changes in Relevant Interests

Particulars of each change in, or change in the nature of, a Relevant Interest of the Substantial Interest holder or a Related Body Corporate in voting securities of the Company or Managed Investment Scheme, since the Substantial Interest holder was last required to give a Substantial Interest holding notice to the Company or Managed Investment Scheme are as follows:

Date of	Person whose	Nature of	Consideration	Class and	Peron's votes
change	Relevant	change	given in	number of	affected
	Interest		relation to	Securities	
	changed		change	affected	

- Details of the consideration must include any and all benefits, money and other, that any person from whom a
 Relevant Interest was acquired has, or may, become entitled to receive in relation to that acquisition. Details
 must be included even if the benefit is conditional on the happening or not of a contingency. Details must be
 included of any benefit paid on behalf of the Substantial Interest holder or its Related Body Corporate in relation
 to the acquisitions, even if they are not paid directly to the person from whom the Relevant Interest was
 acquired.
- The voting Shares of a Company constitute one class unless divided into separate classes.

C. Changes in Related Bodies Corporate

The persons who have become Related Bodies Corporate of, ceased to be Related Bodies Corporate of, or have changed the nature of their association with, the Substantial Interest holder in relation to voting interests in the Company or Managed Investment Scheme are as follows:

Date of change	Name	Nature of relationship

Give details, if appropriate, of the present association and any change in that association since the last substantial holding notice.

D. Addresses

The addresses of persons named in this form are as follows:

Name	Address

E. Agreements

Details of any agreement through which an interest in voting Shares in the Company of interests in the Managed Investment Scheme is disposed. Alternatively, annex copies of relevant agreements to this form.	_

Signature

	I	certify that the	e informati	on in t	his form	is true	and comp	lete
--	---	------------------	-------------	---------	----------	---------	----------	------

□ Individual
Surname
First name(s)
Signature Date signed
□ Company
Name
Capacity □ Director □ Company secretary
Signature

FORM A39 Section 213(1)(b) of the Companies Act 2015

NOTICE OF CHANGE IN SUBSTANTIAL INTEREST

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details

To:
Company name / Name of Manager of the Managed Investment Scheme
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building
A. Details of the Substantial Interest holder
If there are a number of Substantial Interest holders with similar or related Relevant Interests (eg. a Company and its Related Bodies Corporate), the names could be included in an annexure to the form. If the Relevant Interests of a group of persons are essentially similar, they may be referred to throughout the form as a specifically named group if the membership of each group, with the names and addresses of members is clearly set out in Section F of the form.
Name
There was a change in the interests of the Substantial Interest holder on / / The previous notice was given to the Company / Manager of the Managed Investment Scheme on / /
The previous notice was dated / /

B. Previous and present voting power

The total number of votes attached to all the voting Shares in the Company or voting interests in the Managed Investment Scheme that the Substantial Interest holder or a Related Body Corporate had a Relevant Interest in when last required, and when now required, to give a Substantial Interest holding notice to the Company or Managed of the Managed Investment Scheme, are as follows:

Class of Securities	Previous notice		Present notice	
	Person's votes Voting power		Person's votes	Voting power

- The voting Shares of a Company constitute one class unless divided into separate classes.
- A person's voting power is equal to the person's votes divided by the total votes in the body corporate or scheme multiplied by 100.

C. Present Relevant Interests

Particulars of each Relevant Interest of the Substantial Interest holder in voting Securities after the change are as follows:

Holder of	Registered	Person	Nature of	Class and	Person's
Relevant	holder of	entitled to be	Relevant	number of	votes
Interest	Securities	registered as holder If the Substantial Interest holder is unable to determine the identity of the person (eg. if the Relevant Interest arises because of an option) write "unknown".	Interest	Securities	

D. Changes in Relevant Interests

Particulars of each change in, or change in the nature of, a Relevant Interest of the Substantial Interest holder or a Related Body Corporate in voting Securities of the Company or Managed Investment Scheme, since the Substantial Interest holder was last required to give a Substantial Interest holding notice to the Company or Managed Investment Scheme are as follows:

Date of	Person whose	Nature of	Consideration	Class and	Peron's votes
change	Relevant	change	given in	number of	affected
	Interest		relation to	Securities	
	changed		change	affected	

Details of the consideration must include any and all benefits, money and other, that any person from whom a Relevant Interest was acquired has, or may, become entitled to receive in relation to that acquisition. Details must be included even if the benefit is conditional on the happening or not of a contingency. Details must be included of any benefit paid on behalf of the Substantial Interest holder or its Related Body Corporate in relation to the acquisitions, even if they are not paid directly to the person from whom the Relevant Interest was acquired.

E. Changes in Related Bodies Corporate

The persons who have become Related Bodies Corporate of, ceased to be Related Bodies Corporate of, or have changed the nature of their association with, the Substantial Interest holder in relation to voting interests in the Company or Managed Investment Scheme are as follows:

Date of Change	Name	Nature of relationship

Give details, if appropriate, of the present association and any change in that association since the last substantial holding notice.

F. Addresses

The addresses of persons named in this form are as follows:

Name	Address

Signature

I	certify	that	the	inform	ation	in	this	form	is	true	and	comp	olete.

□ Individual
Surname
Signature Date signed /
□ Company
Name
Capacity □ Director □ Company secretary
Signature Date signed / /

FORM A40 Section 213(1)(c) of the Companies Act 2015

NOTICE OF SUBSTANTIAL INTEREST – OFFER UNDER A REGISTERED BIDDER'S STATEMENT

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details

To:
Company name / Name of Manager of the Managed Investment Scheme
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours) Email address (optional)
Level/Office building
Street number and street
Town/City
Island
A. Details of person making offer
If there are a number of potential Substantial Interest holders with similar or related Relevant Interests (eg. a Company and its Related Bodies Corporate), the names could be included in an annexure to the form. If the Relevant Interests of a group of persons are essentially similar, they may be referred to throughout the form as a specifically named group if the membership of each group, with the names and addresses of members is clearly set out in Section G of the form.
Name
The holder made an offer under a Registered Bidder's Statement on / /

You must attach a copy of the Registered Bidder's Statement to this form.

B. Details of voting power

The total number of votes attached to all the voting shares in the Company or voting interests in the Managed Investment Scheme that the potential Substantial Interest holder or a Related Body Corporate had a Relevant Interest in on the date the offer was made under a Registered Bidder's Statement:

Class of Securities	Number of Securities	Person's votes	Voting power
The voting Shares of a Company constitute one class unless divided into separate classes.		The total number of votes attached to all the voting Shares in the Company or Managed Investment Scheme (if any) that the person or a Related Body Corporate has a Relevant Interest in.	The person's votes divided by the total votes in the Company or Managed Investment Scheme multiplied by 100.

C. Details of Relevant Interests

The nature of the Relevant Interest of the potential Substantial Interest holder or a Related Body Corporate has in the following voting Securities on the date the offer was made under a Registered Bidder's Statement are as follows:

Holder of Relevant Interest	Nature of Relevant Interest	Class and number of
		Securities

D. Details of present registered holders

The persons registered as holders of the Securities referred to in section C above are as follows:

Holder of Relevant	Registered holder of	Person entitled to be	Class and number of
Interest	Securities	registered as holder	Securities
		If the Substantial Interest holder is unable to determine the identity of the person (eg. if the relevant interest arises because of an option)	
		write "unknown".	

E. Consideration

The consideration paid for each Relevant Interest referred to in Section C above, and acquired in the 4 months prior to the day that the offer was made is as follows:

Holder of Relevant Interest	Date of acquisition	Consideration		Class and number of Securities
		Cash	Non-cash	

Details of the consideration must include any and all benefits, money and other, that any person from whom a Relevant Interest was acquired has, or may, become entitled to receive in relation to that acquisition. Details must be included even if the benefit is conditional on the happening or not of a contingency. Details must be included of any benefit paid on behalf of the potential Substantial Interest holder or its Related Body Corporate in relation to the acquisitions, even if they are not paid directly to the person from whom the Relevant Interest was acquired.

F. Related Bodies Corporate

The reasons the persons named in Section C above are Related Bodies Corporate of the potential Substantial Interest holder are as follows:

Name	Nature of relationship

G. Addresses

The addresses of persons named in this form are as follows:

Name	Address

H. Agreements

Details of any agreement through which an interest in voting Shares in the Company or voting interests in the Managed Investment Scheme are acquired. Alternatively, annex copies of the relevant agreements to this form.	C

Si	a	n	9	4		r	Δ
וכו	v	п	а	u	u		۲.

I certify tha	t the inform	ation in this fo	orm and any	annexures is	true and	correct at the	time of
signing.							

□ Individual
Surname First name(s) Former name
Signature Date signed /
□ Company
Name
Capacity □ Director □ Company secretary
Signature

FORM A41 Section 218(7) of the Companies Act 2015

NOTIFICATION OF REDUCTION IN SHARE CAPITAL DETAILS

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description
Telephone number (during business hours)
Level/Office building Street number and street Town/City Island
Type of share capital reduction
□ Section 218(1) – Member approval for an equal reduction in share capital
□ Section 218(2) – Member approval for a selective reduction in share capital
Documents lodged with this form The following documents must be lodged with this form.
□ Notice of the meeting □ Any documents relating to the reduction that will accompany the notice of the meeting
Shareholders meeting
Date of proposed meeting / /

If a resolution is to be passed by way of a circular to all members, the estimated date on which the last member will sign the resolution should be inserted.

Signature

This form must be signed by a current officeholder of the Company.

I certify that the information in this cover sheet is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature

FORM A42 Section 222(5) of the Companies Act 2015

NOTIFICATION OF BUY-BACK DETAILS

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description
Level/Office building Street number and street Town/City Island
Type of Buy-Back
□ Equal Buy-Back □ Selective Buy-Back
Relevant date
Relevant date / /
Documents lodged with this form The following documents must be lodged with this form.
□ Notice of the meeting □ Any documents relating to the reduction that will accompany the notice of the meeting

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this cover sheet is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature

FORM A43 Sections 228(4), 230(2) of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO CEASE HOLDING SHARES OR CONTROL

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details

Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building
A. Type of application for extension
□ Section 228(4) – Application to extend the period for ceasing to hold Shares in itself or a Company that Controls it.
□ Section 230(2) – Application to extend the period for ceasing to Control an entity that holds Shares in the Company.

B. Extension application for period for ceasing to hold Shares in itself or a Company that Controls it

We apply to extend the period for ceasing to hold Shares in itself from a period ending on / / (being 12 months after the Company acquired Shares in itself or
a Company that Controls it because it exercised rights under a security permitted under section 228(2) or 228(3)) to a period ending on / The details of the acquisition of the Shares in the Company or the Company that Controls it, the shareholding in the Company held by the Company or the Company that Controls it and the reasons for this extension application are as follows:
C. Extension application for period for ceasing to Control an entity that holds shares in the Company
We apply to extend the period for ceasing to Control an entity that holds Shares in the Company from a period ending on / (being 12 months after the Company obtained Control of an entity that holds Shares in the Company) to a period ending on / The details of the event giving Control of the entity to the Company, the name of entity, the details of Shares held by the entity and the reasons for this extension
application are as follows:
Signature
This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity
□ Director
□ Company secretary
Signature

FORM A44 Section 233(6) of the Companies Act 2015

NOTIFICATION OF FINANCIAL ASSISTANCE DETAILS

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of financial assistance
□ Section 233(1) – Approval by Company's own Members to give financial assistance
□ Section 233(2) – Approval by Members of Listed Holding Company
□ Section 233(3) – Approval by Members of Ultimate Holding Company in Fiji
Documents lodged with this form The following documents must be lodged with this form.
□ Notice of the meeting □ Any documents relating to the reduction that will accompany the notice of the meeting
Shareholders meeting
Date of proposed meeting / /

If a resolution is to be passed by way of a circular to all members, the estimated date on which the last member will sign the resolution should be inserted.

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this cover sheet is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature

FORM A45 Section 240(4) of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO PROVIDE DUPLICATE TITLE DOCUMENTS

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details

Company / Managed Investment Scheme name Company number (if applicable)..... Lodgement details Who should the Registrar contact if there is a query about this form? Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional) Level/Office building Street number and street Town/City Island Extension application for period to provide duplicate title documents We apply to extend the period for providing duplicate title documents from a period ending on / / to a period ending on / / The reasons for this extension application are as follows:

SignatureThis form must be signed by a current officeholder of the Company or current officeholder of the Manager of the Managed Investment Scheme.

I certify that the information in this form is true and complete.	
Name	
Capacity □ Director □ Company secretary	
Signature Date signed /	

FORM A46 Sections 256, 257, 260(1) of the Companies Act 2015

APPLICATION FOR REGISTRATION OF A TAKEOVER DOCUMENT

Who should the Reserve Bank contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Type of takeover document attached to this form for registration
□ Bidder's Statement
□ Target's Statement
☐ Memorandum of amendments in respect of:
□ Registered Bidder's Statement
□ Registered Target's Statement
B. Bidder
Surname
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
C. Target
Company number (if incorporated in Fiji)

Country of incorporation (if not Fiji)
D. Declaration by applicant
I/we apply for registration of the attached takeover document. I/we have the necessary written consents and agreements referred to in the attached takeover document. The information provided in this application and in the attached takeover document is true and correct at the time of signing.
Signature of applicant
□ Individual
Surname First name(s) Former name
Signature Date signed
□ Company
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Name
Capacity □ Director □ Company secretary
Signature

FORM A47 Sections 258, 260(2) to (6) of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF A TAKEOVER DOCUMENT OR REFUSAL TO REGISTER

This is to certify that the following takeover document attached to this certificate:
□ Bidder's Statement
□ Target's Statement
□ Memorandum of amendments in respect of:
□ Registered Bidder's Statement
□ Registered Target's Statement
□ is registered under the Companies Act 2015.
□ is refused registration under the Companies Act 2015.
Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature

FORM A48 Section 261(1)(a) of the Companies Act 2015

NOTICE OF SUSPENSION OF A TAKEOVER DOCUMENT

To:
Surname First name(s)
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Details of notice
This is a notice that the following takeover document attached to this notice:
□ Bidder's Statement
□ Target's Statement
□ Memorandum of amendments in respect of:
□ Registered Bidder's Statement
□ Registered Target's Statement
has been suspended under the Companies Act 2015 from the date of this notice until /
Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature

FORM A49 Section 261(1)(b) of the Companies Act 2015

NOTICE OF A MEETING TO CONSIDER CANCELLATION OF A TAKEOVER DOCUMENT

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Details of notice
This is a notice that a meeting will be held by the Reserve Bank Of Fiji on
/
at
to consider the cancellation of the following takeover document attached to this notice:
□ Bidder's Statement
□ Target's Statement
□ Memorandum of amendments in respect of:
□ Registered Bidder's Statement
□ Registered Target's Statement

Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature

FORM A50 Section 261(1)(b) of the Companies Act 2015

NOTICE OF CANCELLATION OF A TAKEOVER DOCUMENT

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode
Country (if not Fiji)
Details of notice
This is a notice that the following takeover document attached to this notice:
□ Bidder's Statement
□ Target's Statement
□ Memorandum of amendments in respect of:
□ Registered Bidder's Statement
□ Registered Target's Statement
has been cancelled under the Companies Act 2015.
Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature

FORM A51 Sections 261(5) to (7) of the Companies Act 2015

ORDER PROHIBITING ADVERTISEMENT

This is an order prohibiting the distribution of the following advertisement in accordance with the Companies Act 2015:
for the following reasons:
Issued by the Reserve Bank of Fiji on /
Name
Position
Signature

FORM A52 Section 262 of the Companies Act 2015

NOTICE OF COMPULSORY ACQUISITION FOLLOWING A TAKEOVER

Target Company / Target Scheme details	
Target Company / Target Scheme name	
Company number (if applicable)	
Lodgement details Who should the Registrar contact if there is a query about this form?	
Firm/organisation	
Telephone number (during business hours) Email address (optional)	
Level/Office building Street number and street Town/City Island	
Notice to: Insert details of holder.	
Surname	
OR	
Company name	
Level/Office building	
Country (if not Fiji)	

Details of notice
Under an: □ On market bid □ Off market bid
Offers were made by (name of bidder) in respect of the acquisition of:
Details of Shares or Interests to which the bid related
The offers: □ closed on □ are scheduled to close on
Date / /
You have not accepted this offer.
The Bidder hereby gives you notice under section 262 of the Companies Act 2015 that the Bidder has become entitled to compulsorily acquire your Shares or Interests (as applicable) and desires to acquire those Shares or Interests (as applicable).
Signature This form must be signed by a current officeholder of the Bidder.
I certify that the information in this notice and the attached documents are true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A53 Sections 263, 440 of the Companies Act 2015

NOTICE OF COMPULSORY ACQUISITION OTHER THAN FOLLOWING A TAKEOVER

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Target Company / Target Scheme details

Target Company / Target Scheme name
Company number (if applicable)
Lodgement details
Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
Level/Office building
Street number and street
Town/City
Island
Notice to: Insert details of holder.
Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)

Type of notice
□ Section 263 – Compulsory acquisition of Shares or Interests other than following a Takeover
□ Section 440 – Power to acquire Shares of Members dissenting from scheme or contract approved by majority
Details of notice under section 263
Name of bidder
The Bidder hereby gives you notice under section 263 of the Companies Act 2015 that the Bidder has become entitled pursuant to compulsorily acquire your Shares or Interests (as applicable) and desires to acquire those Shares or Interests (as applicable).
Details of notice under section 440
A scheme or contract (not being a scheme or contract arising out of the making of offers under a Bidder's Statement) involving the transfer of Shares or any class of Shares in a Company to another Company ("Transferee Company") has, within 4 months after the making of the offer by the Transferee Company, been approved by the holders of not less than 90% in value of the Shares (other than excluded Shares).
You have not assented to the scheme or contract or have failed to transfer your Shares in accordance with the scheme or contract.
(Name of Transferee Company) hereby gives you notice under section 440 of the Companies Act 2015 that the Transferee Compnay has become entitled to compulsorily acquire your Shares and desires to acquire those Shares.
Signature This form must be signed by a current officeholder of the Bidder / Transferee Company.
I certify that the information in this notice and the attached documents are true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A54 Section 264 of the Companies Act 2015

NOTICE OF COMPULSORY ACQUISITION OF CONVERTIBLE SECURITIES BY 100% HOLDER

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Target Company / Target Scheme details

Target Company / Target Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
Level/Office building
Street number and street
Town/City
Island
Notice to: Insert details of holder.
Surname
First name(s)
Former name
OR
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory.
Postcode
Country (if not Fiji)

Details of notice

(Name of acquirer) has acquired a Relevant Interest in issued voting Shares in a Target Company or issued voting Interests in a Target Scheme either pursuant to an offer made under a Registered Bidder's Statement or otherwise in accordance with the Companies Act 2015, which has voting power attached to that interest of at least 100% in value of the Shares in a Target Company or Interests in a Target Scheme ("100% Relevant Interest").

Details of Convertible Securities in the Target Company or Target Scheme in which the Acquiror has a 100% Relevant Interest
The Acquiror hereby gives you notice under section 264 of the Companies Act 2015 that the Acquiror has become entitled to compulsorily acquire your Convertible Securities and desires to acquire those Convertible Securities.
Signature This form must be signed by a current officeholder of the Acquiror.
I certify that the information in this notice and the attached documents are true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A55 Section 267 of the Companies Act 2015

ORDERS FOLLOWING A DECLARATION OF UNACCEPTABLE CIRCUMSTANCES

The Reserve Bank hereby:
□ makes the following order following a declaration of unacceptable circumstances
□ makes the following change to the below order which has been made following a declaration of unacceptable circumstances:
□ varies it as follows:
□ revokes it
\square suspends it from the date of this order until / /
Issued by the Reserve Bank of Fiji on /
Name
Position
Signature

FORM A56 Sections 284, 286 of the Companies Act 2015

APPLICATION FOR REGISTRATION OF A PROSPECTUS OR OFFER DOCUMENT

Lodgement details Who should the Reserve Bank contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Type of document attached to this form for registration
□ Prospectus
□ Offer Document
B. Declaration by applicant
I/we apply for registration of the attached document. I/we have the necessary written consents and agreements referred to in the attached document. The information provided in this application and in the attached document is true and correct at the time of signing.
Signature of applicant
□ Individual
Surname First name(s) Former name
Signature

□ Company
Company name
Country of incorporation (if not Fiji)
Name
Capacity
□ Director
□ Company secretary
Signature
Date signed /

FORM A57 Sections 284, 286, 290 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF A PROSPECTUS / OFFER DOCUMENT OR REFUSAL OR REGISTER

This is to certify that the following document attached to this certificate:
□ Prospectus
□ Offer Document
□ is registered under the Companies Act 2015
□ is refused registration under the Companies Act 2015.
Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature

FORM A58 Section 303 of the Companies Act 2015

NOTICE APPOINTING TRUSTEE FOR HOLDERS OF DEBENTURES

Lodgement details

Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of company / borrower Address must not be a Post Office Box. Must be a street address.
Company name
Level/Office building
Postcode

Details of trustee Address must not be a Post Office Box. Must be a street address.
Company name Country of incorporation (if not Fiji)
Level/Office building
Island/State/Territory. Postcode Country (if not Fiji)
Name of trust
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A59 Section 307 of the Companies Act 2015

QUARTERLY REPORT

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and/or complete an annexure and submit as part of this lodgement.

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Documents lodged with this form The following documents must be lodged with this form.
□ Quarterly report
B. Date of report /
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this cover sheet is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature Date signed /

FORM A60 Section 313 of the Companies Act 2015

NOTICE OF FAILURE TO COMPLY WITH PART 27 OF THE COMPANIES ACT 2015

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details

Lodgement details
Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
Level/Office building
Street number and street
Town/City
Island
Details of trustee
Address must not be a Post Office Box. Must be a street address.
Company name
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Name of trust
Appointment date of the trustee / /
Date of trust deed / /

We notify the Registrar that the:
□ Borrower □ Guarantor
has not complied with Part 27 of the Companies Act 2015, the details of which are as follows:
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature
Date Signed / / /

FORM A61 Section 371 of the Companies Act 2015

NOTIFICATION OF DETAILS OF A CHARGE

Company (Chargor) details

Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Charge details
Date the Charge was created Must be the date written in the document creating the Charge (eg. instrument, resolution) attached to this form.
Date the Charge was created /
OR
Date the Property was acquired//

Charge creation How was the Charge created? □ By instrument □ By resolution □ By deposit □ By other conduct. Specify below Brief description Charge type □ Fixed □ Floating □ Fixed and Floating If the Charge is a Floating Charge or a Fixed and Floating Charge, is the creation of subsequent Charges restricted or prohibited? □ Yes $\quad \square \ No$ Liability Briefly describe the liability (whether present or prospective) secured by the Charge: **Property charged** Briefly describe the Property charged:

B. Details of Chargee or Trustee if the Charge is constituted by the issue of Depenture(s)
Company name
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
C. Documents lodged with this form The following documents must be lodged with this form.
□ Copy of instrument creating or evidencing the Charge lodged with this form.
If the Charge is constituted by the issue of Debenture(s), attach a copy of the resolution(s) passed by the Company authorising the issue of a series of Debentures constituting the Charge.
Signature This form must be signed by a current officeholder of the Chargor or Chargee / Trustee.
□ Chargor □ Chargee / Trustee
I certify that the information in this from is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature

FORM A62 Section 371 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD FOR NOTIFICATION OF DETAILS OF CHARGE

Company (Chargor) details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description
Level/Office building Street number and street Town/City Island
A. Charge details
Date the Charge was created Must be the date written in the document creating the Charge (eg. instrument, resolution) attached to this form.
Date the Charge was created /
OR
Date the Property was acquired

Charge creation How was the Charge created? □ By instrument □ By resolution □ By deposit □ By other conduct. Specify below Brief description Charge type \Box Fixed □ Floating □ Fixed and Floating If the Charge is a Floating Charge or a Fixed and Floating Charge, is the creation of subsequent Charges restricted or prohibited? \square Yes □ No Liability Briefly describe the liability (whether present or prospective) secured by the Charge: **Property charged** Briefly describe the Property charged:

B. Extension application for notification of details of Charge

We apply to extend the period for notification of details of the Charge from a period ending on / / / (being 42 days after the creation of the Charge) to / / / The reasons for this extension application are as follows:
Signature This form must be signed by a current officeholder of the Chargor or Chargee / Trustee.
□ Chargor □ Chargee / Trustee
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature Date signed /

FORM A63 Section 374 of the Companies Act 2015

NOTIFICATION OF CHANGE OF DETAILS OF A CHARGE

Company (Chargor) details

Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Charge details
Date the Charge was created Must be the date written in the document creating the Charge (eg. instrument, resolution).
Date the Charge was created /
OR
Date the Property was acquired / /

Charge creation

How was the Charge created?
□ By instrument
□ By resolution
□ By deposit
□ By other conduct. Specify below
Brief description
Charge type
□ Fixed
□ Floating
□ Fixed and Floating
If the Charge is a Floating Charge or a Fixed and Floating Charge, was the creation of subsequent Charges restricted or prohibited before the change? Yes No
Property charged
Briefly describe the property charged before the change:
B. Details of Chargee or Trustee if the Charge is constituted by the issue of Debenture(s)
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)

C. Liability

Have the terms of the Charge been varied with the effect of increasing the amount of the debt or increasing the liabilities (whether present or prospective) secured by the Charge? \Box Yes \Box No
If yes, briefly describe the new liability (whether present or prospective) secured by the Charge:
D. Subsequent Charges
Have the terms of the Charge been varied with the effect of prohibiting or restricting the creation of subsequent Charges on the Property? ☐ Yes ☐ No
If yes, briefly describe the changes:
E. Documents attached If the variation(s) included on this form have been effected by an instrument, you must attach the signed original instrument or a copy of that instrument.
□ Copy of instrument evidencing the changes to the Charge lodged with this form.
Signature This form must be signed by a current officeholder of the Chargor.
I certify that the information in this form is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature Date signed

FORM A64 Section 375 of the Companies Act 2015

NOTIFICATION OF A DISCHARGE OR RELEASE OF PROPERTY FROM A CHARGE

Company (Chargor) details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Charge details
Date the Charge was created Must be the date written in the document creating the Charge (eg. instrument, resolution).
Date the Charge was created /
OR
Date the Property was acquired / /

Charge creation

How was the Charge created? □ By instrument □ By resolution □ By deposit □ By other conduct. Specify below Brief description Charge type □ Fixed □ Floating □ Fixed and Floating **Property charged** Briefly describe the Property charged before the release or discharge: B. Details of Chargee or Trustee if the Charge is constituted by the issue of Debenture(s) Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji) Level/Office building Street number and street Town/City Island/State/Territory..... Postcode Country (if not Fiji) C. Date of discharge or release Must be before the date of signing this form. Date of discharge or release / /

D. Extent of discharge or release Tick one box only. The Charge is: □ to be paid or satisfied in full □ to be paid or satisfied in full for a particular joint Charge / Trustee Name of Chargee/Trustee Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji) □ to be partially paid or satisfied to the extent of \$..... □ to be partially paid or satisfied and property released to the extent of \$..... Description of property released Signature This form must be signed by a current officeholder of the Chargee. I certify that the information in this form is true and complete. Capacity □ Director □ Company secretary Signature Date signed ... / ... / ... /

FORM A65 Section 398 of the Companies Act 2015

NOTICE OF SUSPECTED CONTRAVENTION

Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description
Level/Office building Street number and street Town/City Island
Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address.
Surname First name(s) Former name
OR Firm details
Level/Office building Street number and street Town/City Island
Details of suspected contravention
I have reason to suspect that there may have been:
\Box a material contravention of Part 32 of the Companies Act 2015 (section 398(a))
□ an attempt, in relation to the Audit, by any person to unduly influence coerce, manipulate or mislead a person involved in the conduct of the Audit; or contravention of another law of Fiji (section 398(b))
\Box an attempt, by any person, to otherwise interfere with the proper conduct of the Audit (section 398(c)).

The general nature of the suspected contravention is as follows:
Signature
I certify that the information in this form is true and complete.
Name
Signature

FORM A66 Section 3 of the Companies Act 2015

PROFORMA FINANCIAL STATEMENTS

Company / Managed Investment Scheme details

Company / Managed Investment Scheme name	
Company number (if applicable)	
Lodgement details Who should the Registrar contact if there is a query about	this form?
Firm/organisation	
Level/Office building	
Statement of Comprehensive Income	
Item	[Financial year] (\$)
Revenue	[Financial year] (\$)
Revenue Interest	[Financial year] (\$)
Revenue Interest Dividends	[Financial year] (\$)
Revenue Interest	[Financial year] (\$)
Revenue Interest Dividends	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional expenses	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional expenses Marketing expenses	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional expenses Marketing expenses Motor vehicle running hire cost	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional expenses Marketing expenses Motor vehicle running hire cost Operating costs	[Financial year] (\$)
Revenue Interest Dividends Others Administrative expenses Depreciation and amortisation expenses Directors' fees Employee benefits expenses Finance costs Insurance Legal, accounting and other professional expenses Marketing expenses Motor vehicle running hire cost	[Financial year] (\$)

Rental	
Repairs and maintenance	
Selling and distribution costs	
Salaries and wages (includes FNPF, PAYE)	
Technology expenses	
Utilities (eg. light, power, gas, electricity etc.)	
Other expenses	
Total expenses	
Profit/(loss) before tax	
Income tax expense	
Net profit/(loss) after tax	
Profit/(loss) attributable to:	
Owners of the Company	
Non-controlling interests	
Total	

Statement of Financial Position

Assets	[Financial year] (\$)
Current assets	
Cash at bank	
Cash on hand	
Current tax assets	
Bills receivable	
Trade debtors	
Stock in trade	
Work in progress	
Other current assets	
Total current assets	
Non-current assets	
Marketable securities	
Freehold property	
Leasehold property	
Plant and machinery	
Furniture, fittings, equipment, utensils, etc.	
Investments other than marketable securities	
Deferred tax assets	
Intangible assets (eg. patents, trade marks, etc.)	
Other non-current assets	
Total non-current assets	
Total assets	
Liabilities	
Current liabilities	
Bank overdraft	
Bills payable	
Trade accounts	
Current tax liabilities	
Provisions	

Interest bearing loans and borrowings	
Non-interest loans and borrowings	
Other current liabilities	
Total current liabilities	
Non-current liabilities	
Deferred tax liabilities	
Provisions	
Interest bearing loans and borrowings	
Non-interest loans and borrowings	
Other non-current liabilities	
Total non-current liabilities	
Total assets	
Net assets/(liabilities)	
·	
Equity	
Issued and paid up capital	
Reserves	
Retained earnings	
Total funds employed	
Equity attributable to owners of the	
Company	
Non-controlling interests	
Total equity	
Signature This form must be signed by a current officeholder of the Managed Investment Scheme.	Company or current officeholder of the Manager of the
I certify that the information in this form is true marked () are true copies.	and complete and the attached documents
Name	
Capacity □ Director □ Company secretary	
Signature Date signed / /	

FORM A67 Section 400(2)(b) of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO PROVIDE AN ANNUAL REPORT TO MEMBERS

Company / Managed Investment Scheme details
Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
Level/Office building
Street number and street
Town/City
Island
Extension application for period to provide an Annual Report to Members
We apply to extend the period for lodgement of the Annual Report to Members from a period
ending on / (being 4 months after the end of the Financial Year)
to a period ending on
application are as follows:

Si	σ	n	a	t	п	r	e
נט	×	ш	а	u	u	ı	u

This form must be signed by a current officeholder of the Company or current officeholder of the Manager of the Managed Investment Scheme.

I certify that the information in this form is true and complete.		
Name		
Capacity □ Director □ Company secretary		
Signature Date signed /		

FORM A68 Sections 403, 404 of the Companies Act 2015

COPY OF ANNUAL REPORT OR PROFORMA FINANCIAL STATEMENTS

Company / Managed Investment Scheme details

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Co	ompany / Managed Investment Scheme name
 Co	ompany number (if applicable)
	odgement details no should the Registrar contact if there is a query about this form?
Co	rm/organisationontact name
Тε	sition description
St To Isl	evel/Office building reet number and street bwn/City and
	Reason for lodgement of Annual Report Public Company
	Large Private Company
	Managed Investment Scheme
	Amendment of Annual Report (Public Company)
	Amendment of Annual Report (Large Private Company)
	Amendment of Annual Report (Managed Investment Scheme)
	Small Private Company or Medium Private Company that is controlled by a person resident outside Fiji or by a corporation incorporated outside Fiji for all or part of the year and is not consolidated for that period in Financial Statements for that year Lodged with the Registrar by a registered Foreign Company or a Company or Managed Investment Scheme.

□ Small Private Company or Medium Private Company that is directed by the Registrar to

prepare and lodge Financial Statements and a Directors' Report.

□ Small Private Company or Medium Private Company that is directed by Members to prepare and lodge Financial Statements and a Directors' Report.
B. Reason for lodgement of Proforma Financial Statements
□ Medium Private Company
 Small Private Company that is controlled by a person resident outside Fiji or by a corporation incorporated outside Fiji for all or part of the year and is not consolidated for that period in Financial Statements for that year Lodged with the Registrar by a registered Foreign Company or a Company or Managed Investment Scheme.
□ Small Private Company that is directed by the Registrar to prepare and lodge Proforma Financial Statements and a Directors' Report.
☐ Amendment of Proforma Financial Statements (Medium Private Company)
C. Details of Financial Year
Financial year begins on /
D. Details of auditor (if applicable)
Surname First name(s) Former name If the appointed auditor is a member or employee of a firm or Company, you must also provide the details for the firm or Company.
OR Firm details
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Country (11 not 1 1/1)

E. Documents attached

☐ The attached Annual Report incorporates the following documents:
□ Financial Statements
OR
□ Consolidated Financial Statements if required by Accounting Standards.
 □ Directors' declaration regarding Financial Statements or Consolidated Financial Statements (as applicable) □ Directors' Report □ Auditor's Report
OR
□ Proforma Financial Statements
Signature This form must be signed by a current officeholder of the Company or current officeholder of the Manager of the Managed Investment Scheme.
I certify that the information in this form is true and complete and the attached documents marked () are true copies.
Name
Capacity □ Director □ Company secretary
Signature Date signed /

FORM A69 Section 403 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD FOR LODGEMENT OF ANNUAL REPORT OR PROFORMA FINANCIAL STATEMENTS

Company / Managed Investment Scheme details
Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Reason for lodgement of Annual Report
□ Public Company
□ Large Private Company
□ Managed Investment Scheme
☐ Amendment of Annual Report (Public Company)
☐ Amendment of Annual Report (Large Private Company)
☐ Amendment of Annual Report (Managed Investment Scheme)
□ Small Private Company or Medium Private Company that is controlled by a person resident outside Fiji or by a corporation incorporated outside Fiji for all or part of the year and is not consolidated for that period in Financial Statements for that year Lodged with the Registrar by a registered Foreign Company or a Company or Managed Investment Scheme.

prepare and lodge Financial Statements and a Directors' Report.
□ Small Private Company or Medium Private Company that is directed by Members to prepare and lodge Financial Statements and a Directors' Report.
B. Reason for lodgement of Proforma Financial Statements
□ Medium Private Company
Small Private Company that is controlled by a person resident outside Fiji or by a corporation incorporated outside Fiji for all or part of the year and is not consolidated for that period in Financial Statements for that year Lodged with the Registrar by a registered Foreign Company or a Company or Managed Investment Scheme.
□ Small Private Company that is directed by the Registrar to prepare and lodge Proforma Financial Statements and a Directors' Report.
□ Amendment of Proforma Financial Statements (Medium Private Company)
C. Details of Financial Year
Financial year begins on / / Financial year ends on /
D. Extension application for lodgement of Annual Report or Proforma Financial Statements
We apply to extend the period for lodgement of the Annual Report or Proforma Financial Statements from a period ending on / (being 4 months after the end of the Financial Year) to a period ending on / / (being 6 months after the end of the Financial Year). The reasons for this extension application are as follows:

Signature This form must be signed by a current officeholder of the Company or current officeholder of the Manager of the Managed Investment Scheme.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A70 Section 409 of the Companies Act 2015

STATEMENT IN RELATION TO COMPANY SOLVENCY

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Company Solvency status
□ Negative Solvency Resolution passed
The Directors of the Company have passed a resolution that, in their opinion, there are not reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.
Date of resolution / /
□ Solvency Resolution not passed
The Directors of the Company have not passed a Solvency Resolution within 2 months after the anniversary of the day on which the Company was registered.
Anniversary date / /

Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A71 Sections 410, 493 of the Companies Act 2015

APPLICATION OR RENEWAL OF REGISTRATION AS AN AUDITOR OR A LIQUIDATOR

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details Who should the Registrar contact if there is a query about this form? Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional) Level/Office building Street number and street Town/City Island □ Initial application □ Renewal A. Applicant details Address must not be a Post Office Box. Must be a street address. Surname First name(s) Former name Level/Office building Street number and street Town/City Island I am applying to be registered as: □ an Auditor □ a liquidator □ a liquidator of a specified Company or Managed Investment Scheme that is to be wound up under the Companies Act 2015. Company / Managed Investment Scheme name Company number (if applicable).....

Country of incorporation (if not Fiji)

R.	Prin	cinal	place	of	nrac	tice
₽.		CIPHI	piace	UI	$\mu_{\rm L}$ ac	\dots

- If you are a member or employee of a firm or Company, you must also provide the details for the firm or Company.
- Address must not be a Post Office Box. Must be a street address.

Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)

C. Residency

Do you ordinarily reside in Fiji?

☐ Yes ☐ No

D. Qualifications and skills for Auditor

Do you hold a degree, diploma or certificate from a university or another institution in or outside of Fiji?

□ Yes □ No

If yes, please attach a copy of the degree, diploma or certificate.

Are you a chartered accountant with a current Certificate of Public Practice issued by the Fiji Institute of Accountants in accordance with the Fiji Institute of Accountants Act (Cap. 259)? ☐ Yes ☐ No

If yes, please attach a certified copy of the certificate.

E. Qualifications and skills for liquidator

Do you hold a degree, diploma or certificate from a university or another institution in or outside of Fiji?

□ Yes □ No

If yes, please attach a certified copy of the degree, diploma or certificate.

Are you a chartered accountant with a current Certificate of Public Practice issued by the Fiji Institute of Accountants in accordance with the Fiji Institute of Accountants Act (Cap. 259)? ☐ Yes ☐ No

If yes, please attach a certified copy of the certificate.

If you are applying for registration as a liquidator or a liquidator of a specified Company or Managed Investment Scheme that is to be wound up under the Companies Act 2015, please provide information in an annexure to:

- (a) satisfy the Ministry of Justice as to your experience in connection with Companies to which a Receiver or Manager have been appointed, or are being wound up; and
- (b) satisfy the Ministry of Justice that you are capable of performing the duties of a liquidator and are otherwise a fit and proper person to be registered as a liquidator.

F. Suitability

Have you at any time been declared bankrupt	or insolvent in Fiji or any other foreign country?
□ Yes □ No	
If ves, please provide details in an annexure.	

Have you at any time been disqualified from being an officer, auditor or liquidator of a company or business in Fiji or any other foreign country?

□ Yes □ No

If yes, please provide details in an annexure.

Have you at any time been refused registration as, or excluded or suspended from practice as, an auditor or liquidator of a company or business in Fiji or any other foreign country?

□ Yes □ No

If yes, please provide details in an annexure.

Do you have any legal or disciplinary proceedings pending against you in Fiji or any other foreign country that may result in action that would require disclosure under any of the above items?

□ Yes □ No

If yes, please provide details in an annexure.

In the last 5 years have you resigned or been removed from office as an auditor or a liquidator of a company or business in Fiji or any other foreign country?

 \square Yes \square No

If yes, please provide details in an annexure, including:

- (a) the type of office (auditor or liquidator);
- (b) whether the manner of ceasing was resignation or removal;
- (c) the date of ceasing;
- (d) the Company name and Company number (if applicable); and
- (e) the reason for ceasing.

Signature

I apply for registration as an Auditor or liquidator (as applicable) on the basis of the information in this form and any attachments. The information in this form and any annexures is true and correct at the time of signing.

Name			 	 	
Signature					
Date signed	/	. /			

FORM A72 Sections 411, 417 of the Companies Act 2015

CERTIFICATE OF REGISTRATION OF AUDITOR OR LIQUIDATOR

This is to certify that:
(Name)
is registered under the Companies Act 2015 as:
 □ an Auditor □ a liquidator □ a liquidator of a specified Company or Managed Investment Scheme that is to be wound up under the Companies Act 2015.
Company / Managed Investment Scheme name
Company number (if applicable). Country of incorporation (if not Fiji)
Registration Number:
(The following conditions are imposed on the registration: (insert conditions if applicable)).
Registration valid until / /
Issued by the Ministry of Justice of the Republic of Fiji on / /
Name
Signature

FORM A73 Section 416(1)(a) of the Companies Act 2015

NOTIFICATION OF RESIGNATION, REMOVAL OR CESSATION OF AUDITOR OR LIQUIDATOR

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and/or complete an annexure and submit as part of this lodgement.

Company / Managed Investment Scheme details

Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Details of resignation, removal or cessation of auditor or liquidator
□ Notice was received of the resignation of the auditor. Date of receipt of notice of resignation / /
□ The auditor/liquidator was removed from office. Date of removal / /
□ The auditor/liquidator is deceased. Date of death /
□ The auditor/liquidator has been disqualified in Fiji or another foreign country. Date of disqualification / /
☐ The Company or Managed Investment Scheme is being wound up. Date of resolution or date of Court Order /

B. Details for auditor/liquidator

Surname
First name(s)
Former name
OR
Firm details
Level/Office building
Street number and street
Town/City
Island
Principal place of practice
If you are a member or employee of a firm or Company, you must also provide the details for the firm or Company.
Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Signature
I certify that the information in this form is true and complete.
Name
Signature
Date signed /
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FORM A74 Section 416(1)(b) of the Companies Act 2015

NOTIFICATION OF APPOINTMENT OF AUDITOR OR LIQUIDATOR

Company / Managed Investment Scheme details

Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description Telephone number (during business hours) Email address (optional)
Level/Office building
Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address.
Surname
OR Firm details Nominated registered auditor for signing documents Registered Number
Level/Office building

Principal place of practice

- If you are a member or employee of a firm or company, you must also provide the details for the firm or company.
- Address must not be a Post Office Box. Must be a street address.

Company name
Company number (if incorporated in Fiji)
Country of incorporation (if not Fiji)
Level/Office building
Street number and street
Town/City
Island/State/Territory
Postcode
Country (if not Fiji)
Signature
Signature
I certify that the information in this form is true and complete.
recently that the information in this form is true and complete.
Name
Name
Signature
Date signed /

FORM A75 Sections 416(1)(*c*), 416(2) of the Companies Act 2015

CHANGE TO DETAILS OF AUDITOR OR LIQUIDATOR

Lodgement details
Who should the Registrar contact if there is a query about this form?
Eine / ne animation
Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)
(op 101111)
Level/Office building
Street number and street
Town/City
Island
A. Address of Auditor or liquidator
Surname
First name(s)
Former name
Previous address
1 I Cylous additess
Laval/Office huilding
Level/Office building
Street number and street
Town/City
Island
New address
Level/Office building
Street number and street
Town/City
10wii/Cty

	В.	Princi	pal pl	lace of	practic
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Previous Firm or company

If you are a member or employee of a firm or company, you must also provide the details of any changes to the firm or company or its details.

Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
New Firm or company
Company name
Level/Office building
C. Disqualification as an Officer
Have you been disqualified from being an Officer of a Company under Part 12 of the Companies Act 2015 since being registered as an Auditor or liquidator? ☐ Yes ☐ No If yes, please provide details in an annexure.
Signature
I certify that the information in this form is true and complete.
Name
Signature

FORM A76 Section 417 of the Companies Act 2015

NOTICE OF REGISTRATION OF AUDITOR OR LIQUIDATOR

Notice to:
Surname
Level/Office building
Town/City
This is a notice that your registration under the Companies Act 2015 as (an Auditor / a liquidator) is subject to the following conditions:
Issued by the Ministry of Justice on / / /
Name
Signature

FORM A77 Sections 418, 419 of the Companies Act 2015

NOTICE OF CANCELLATION OF REGISTRATION AS AN AUDITOR OR LIQUIDATOR

To:
Surname
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Details of notice
This is a notice that your registration as:
 □ an auditor □ a liquidator □ a liquidator of a specified Company or Managed Investment Scheme that is to be wound up under the Companies Act 2015, Company / Managed Investment Scheme name
Company number (if applicable)
Country of incorporation (if not Fiji)
has been cancelled:
□ following a request by you (section 418)
\Box because you have become bankrupt or insolvent (section 419(1)(a))
\Box because you have become disqualified from acting as an officer of a Company under Part 12 of the Companies Act 2015 (section 419(1)(b))
\Box because you have contravened section 412 of the Companies Act 2015 (section 419(1)(c)).
Issued by The Ministry of Justice on /
Name
Signature

FORM A78 Section 428 of the Companies Act 2015

APPLICATION FOR CONSENT TO RESIGN AS AN AUDITOR

Company / Managed Investment Scheme details

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme name Company number (if applicable)..... **Lodgement details** Who should the Registrar contact if there is a query about this form? Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional) Level/Office building Street number and street Town/City Island Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address. Surname First name(s) Former name OR Firm details Level/Office building Street number and street Town/City

Island

- Principal place of practice
 If you are a member or employee of a firm or Company, you must also provide the details for the firm or Company.
- Address must not be a Post Office Box. Must be a street address.

Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Request for consent
I/We apply for consent from the Registrar to resign as auditor of the Company or Managed Investment Scheme (as applicable) effective as at / /
The reasons for this application are □ Set out below □ In the attached annexure
Signature
I certify that the information in this form is true and complete.
Name
Position
Signature

FORM A79 Section 428 of the Companies Act 2015

NOTICE OF CONSENT TO RESIGNATION AS AN AUDITOR

To:
Surname
OR Firm
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Details of notice
This is a notice that the Registrar consents to your resignation as an auditor of a Company or Managed Investment Scheme as detailed below:
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

FORM A80 Section 428(6) of the Companies Act 2015

NOTIFICATION OF RESIGNATION OR REMOVAL OF AUDITOR

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Company / Managed Investment Scheme details
Company / Managed Investment Scheme name
Company number (if applicable)
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Details of resignation or removal of auditor
□ Notice was received of the resignation of the auditor. Date of receipt of notice of resignation / /
□ The auditor was removed from office. Date of removal / /
B. Details of auditor/liquidator
Surname
Level/Office building Street number and street Town/City Island

Signature

I certify that the information in this form is true and complete.

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Sapacity Director	
Company secretary	
ignature	

FORM A81 Section 430 of the Companies Act 2015

NOTICE OF CONFLICT OF INTEREST

Signature

Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address.
Surname
Level/Office building
We notify the Registrar that:
□ a conflict of interest situation exists as detailed below
□ a conflict of interest situation continues to exist as detailed below
□ a conflict of interest situation has been resolved as detailed below

I certify that the information in this form is true and complete.	
Name	
Signature	

FORM A82 Sections 450, 534 of the Companies Act 2015

REPORT AS TO AFFAIRS

Co	ompany details	
	mpany namempany number	
	dgement details to should the Registrar contact if there is a query about this form?	
Co Po Te	rm/organisation	
Str To	vel/Office building eet number and street wn/City and	
A.	Reason for Report	
	Appointment of a Receiver or Manager	Section 450
	Date of appointment / / Nature of appointment	
	Winding up order	Section 534
	Date of order / /	
	Appointment of provisional liquidator	Section 534
	Date of appointment / /	
	Other	Section
	Brief description	

B. 1	Date of	report	/		/	·			
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C. Assets and liabilities

Assets and liabilities

No.	Item	Valuation (for each entry show whether cost or net book amount) (\$)	Estimated Realisable Values (\$)
2.1	Assets not specifically charged	(3)	(Φ)
2.1	(a) interest in land as detailed in Schedule A		
	(b) sundry debtors as detailed in Schedule B		
	(c) cash on hand		
	(d) cash at bank		
	(e) stock as detailed in annexed inventory		
	(f) work in progress as detailed in annexed inventory		
	(g) plant and equipment as detailed in inventory		
	(h) other assets as detailed in Schedule C		
	Sub Total		
2.2	Assets subject to specific security		
	interests, as specified in Schedule D		
	Less amounts owing as detailed in Schedule D		
	Total Assets		
	Total Assets		
	Total Estimated Realisable Values		
2.3	Less payable in advance of secured creditor(s)		
	Less amounts owing for employee entitlements as detailed in Schedule E		
2.4	Less amounts owing and secured by debenture or floating charge over assets		
2.5	Less preferential claims ranking behind secured creditors as detailed in Schedule F		
2.6	Less balances owing to partly secured creditors as detailed in Schedule G		
	Amount claimed \$		

	Security held \$	
2.7	Less creditors (unsecured)	
	as detailed in Schedule H	
	Amount claimed \$	

Contingent assets and liabilities

No.	Item	Valuation (for each entry show whether cost or net book amount) (\$)	Estimated Realisable Values (\$)
2.8	Contingent assets Estimated to produce as detailed in Schedule I		
2.9	Contingent liabilities Estimated to rank as detailed in Schedule J		

Summary	
□ Estimated d	leficiency
□ Estimated s	surplus
•	ect to costs of Receiver or Manager ect to costs of liquidation
Share capital	\$
Issued	\$
Paid up	\$

D. SchedulesSchedules A, B, C and D are to show the method and manner of arriving at the valuation of the assets.

Schedule A – Interests in land

Address and description of property	Valuation (\$)	Estimated realisable value (\$)	Valuation for local government purposes	Particulars of tenancy	Short particulars to title

Schedule B – Sundry debtors (including loan debtors)

Name and address of	Amount owing	Amount realisable	Deficiency	Particulars of security (if	Explanation of deficiency
debtor	C			any) held	of deficiency
debioi	(\$)	(\$)		any) neiu	

Schedule C – Other assets

Description of deposit or investment	Amount (\$)		
	Cost	Amount realisable	
Deposits			
Investments			

Schedule D – Assets subject to specific Charges

Description	Date	Description	Name	Terms of	Valuation	Estimated	Amount
of	Charge	of	and	repayment	(\$)	realisable	owing
asset	granted	Charge	address			value	under
			of			(\$)	security
			Charge				(\$)
			holder				

Schedule E – Claims by employees

Employee's name	Wages	Holiday pay	Long service	Estimated
and address		(\$)	leave	liability
			(\$)	(\$)

Schedule F – Preferential creditors (other than those in Schedule E)

Name, address and occupation of preferential creditor	Description of amount owing	Amount owing (\$)

Schedule G – Partly secured creditors

Name, address and occupation of creditor	Description of security held	Name of security	Date security interest given	Terms of repayment	Estimated value of security (\$)	Amount owing to creditor (\$)	Amount estimated to rank as unsecured (\$)

Schedule H – Unsecured creditors

Name, address and occupation of creditor	Amount claimed by creditor (\$)	Amount admitted as owing (\$)	Reasons for difference between amount claimed and admitted (if any)

Schedule I – Contingent assets

Description of asset	of asset Gross asset (\$)		Estimated to produce (\$)		
				(*)	
Schedule J – Continge	ent liabil	lities			
Name, address and occupation of creditor	Nature	of liability	Gross liability (\$)		Estimated rank for (\$)
Signature This form must be signed by	two curre	ent officeholders of	the Company includ	ling the se	cretary of the Company.
I certify that the inform	ation in	this form is true	and complete.		
Name	• • • • • • • • • • • • • • • • • • • •			•••••	
Capacity □ Director □ Company secretary					
Signature Date signed /					
I certify that the inform	ation in	this form is true	and complete.		
Name				•••••	
Capacity Director Company secretary					
Signature Date signed /	/				

FORM A83 Sections 452, 547 of the Companies Act 2015

REPORT OF RECEIPTS AND PAYMENTS

Co	mpany details	
	mpany namempany number	
	dgement details o should the Registrar contact if there is a query about this form?	
Cor Pos Tel	m/organisation ntact name sition description ephone number (during business hours) ail address (optional)	
Stre	vel/Office building eet number and street wn/City and	
A.	Reason for report	
	Appointment of a Receiver or Manager	Section 450
	Date of appointment / / Nature of appointment	
	Winding up order	Section 534
	Date of order /	
	Appointment of provisional liquidator	Section 534
	Date of appointment / /	
	Other	Section
	Brief description	

B. Date of report	/	•••	•••	/	•••	•••	•••
-------------------	---	-----	-----	---	-----	-----	-----

C. Assets and liabilities

Assets and liabilities

No.	Item	Amount
2.1	Descripto	(\$)
2.1	Receipts	
	(Exclude the principal component of matured investments)	
	Total amounts received by you before the period for which	
	this account has been made up	
	Total amounts received by you during the period for which	
	this account has been made up (Complete detailed schedule in Part D)	
	Total receipts (this total carried forward to next report)	
2.2	Payments	
	(Exclude principal amounts invested or rolled over)	
	Total payments made by you before the period for which	
	this account has been made up	
	Payments made by you during the period for which this	
	account has been made up (Complete detailed schedule in Part D)	
	Total payment (this total carried forward to next report)	
2.3	Reconciliation of money held	
	Cash in hand	
	Cash at bank	
	Credit as per bank statement \$	
	Less unpresented cheques \$	
	Add outstanding deposits \$	
	Amounts invested and not converted to cash	
	Total balance of money held	

D. Detailed account of receipts and payments for the period

Receipts

Date	Receipts from	Nature of receipts/explanation	Amount (\$)

Payments

Date	Payments from	Nature of	Amount
		payments/explanation	(\$)
G: 4			

Signature This form must be signed by	the Receiver or Manager or l	iquidator of the Company.	
I certify that the information	ation in this form is true a	and complete.	
Name			
Capacity			
Signature			

FORM A84 Sections 585(2), 588(2), 596(2) of the Companies Act 2015

NOTICE OF MEETING

Co	mpany details	
	mpany namempany number	
	dgement details o should the Registrar contact if there is a query about this form?	
Pos Tel	m/organisation	
Str To	vel/Office buildingeet number and streetwn/City	
A.	Type of meeting	
	Final meeting for Members' Voluntary Winding Up	Section 585(2)
	First meeting for Creditors' Voluntary Winding Up	Section 588(2)
	Final meeting for Creditors' Voluntary Winding Up	Section 596(2)
	Other	Section
	Brief description	

B. Details of resolution
Date of meeting or resolution / /
The resolution ☐ Set out below ☐ In the attached annexure is proposed to be passed or agreed to (as required) as a special or ordinary resolution (as applicable) in accordance with the Companies Act 2015.
C. Notice of meeting The following document must be lodged with this application. □ Notice of meeting attached.
1 House of meeting uniteriod.
Signature This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity □ Director □ Company secretary
Signature

FORM A85 Section 578 of the Companies Act 2015

DECLARATION OF SOLVENCY

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island A. Declaration
The person(s) listed below declare that:
I/We constitute a majority of the directors of the Company, and I/We have enquired into the affairs of the Company.
At a meeting of directors, I/We have formed the opinion that the Company will be able to pay its debts by / being a date within 12 months of the commencement of the winding up.
A correct statement of the Company's assets and liabilities as at the latest practicable date (specified in this declaration) before the making up of this declaration is □ Set out below □ In the attached annexure.

B. Statement of assets and liabilities

Date of statement	/	 /	/	 	
Date of Statement	/	 /		 	

Assets	Estimated realisable value
	(\$)
Cash at bank	
Cash on hand	
Marketable Securities	
Bills receivable	
Trade debtors	
Loans and advances	
Unpaid calls	
Stock in trade	
Work in progress, as detailed in inventory	
Freehold property	
Leasehold property	
Plant and machinery	
Furniture, fittings, utensils, etc	
Intangible assets (eg. Patents, trade marks, etc)	
Investments other than marketable Securities	
Other property, as detailed in inventory	
Estimated realisable value of assets	

Liabilities	Estimated liability
Secured on specific assets (Plane link)	(\$)
Secured on specific assets (Please list)	
Subtotal	
Secured by floating Charge(s)	
Subtotal	
Estimated expenses of winding up	
Other estimated expenses (including interest accruing until payment of debts in full)	
Subtotal	
The second and it are (amount estimated to work	
Unsecured creditors (amount estimated to rank for payment)	
Trade accounts	
Bills payable	
Accrued expenses	
Other liabilities	
Subtotal	
Contingent liabilities (Please list)	
Total estimated liabilities	

Estimated surplus after paying debts in full
Signature This form must be signed by a majority of directors of the Company.
I certify that the information in this form is true and complete.
Name
Signature Date signed /
Name
Signature Date signed /
Name
Signature Date signed /
Name
Signature

FORM A86 Section 583 of the Companies Act 2015

NOTICE OF POTENTIAL INABILITY TO PAY DEBTS WITHIN DECLARATION PERIOD

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address.
Surname First name(s) Former name
Level/Office building
Details of suspected contravention
I am of the opinion that the Company will not be able to pay its debts in full within the period stated in the declaration under section 578 of the Companies Act 2015.
Signature
I certify that the information in this form is true and complete.
Name
Signature

FORM A87 Sections 584, 595 of the Companies Act 2015

APPLICATION FOR EXTENSION OF PERIOD TO HOLD GENERAL MEETING

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of auditor/liquidator Address must not be a Post Office Box. Must be a street address.
Surname
Level/Office building Street number and street Town/City Island
Extension application for period to call meeting
I apply to extend the period for holding a General Meeting from a period ending on / / The reasons for this extension application are as follows:

Signature
I certify that the information in this form is true and complete.
Name
Signature

FORM A88 Section 588 of the Companies Act 2015

NOTIFICATION OF MEETING CONVENED BY LIQUIDATOR

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
A. Details of meeting
Date of meeting / /
Action
☐ The meeting was held ☐ The meeting was convened but no quorum was present
Signature This form must be signed by the liquidator.
I certify that the information in this form is true and complete and the attached documents marked () are true copies.
Name
Signature Date signed /

FORM A89 Sections 585(3), 585(4), 596(3), 596(4) of the Companies Act 2015

NOTIFICATION OF FINAL MEETING CONVENED BY LIQUIDATOR

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Telephone number (during business hours) Email address (optional)
Level/Office building
A. Details of meeting
Purpose of meeting
To present an account: • showing how the winding up of the Company had been conducted; • showing how the property of the Company had been disposed of; and • giving any necessary explanations.
Type of meeting
 □ Meeting of Members □ Meeting of Members and creditors
Date of meeting /
Action
☐ The meeting was held ☐ The meeting was convened but no quorum was present

B. Documents lodged with this form The following document must be lodged with this form.
□ A copy of the account presented at the meeting.
Signature This form must be signed by the liquidator.
I certify that the information in this form is true and complete and the attached documents marked () are true copies.
Name
Signature Date signed /

FORM A90 Section 602(1) of the Companies Act 2015

APPLICATION FOR VOLUNTARY DEREGISTRATION OF A COMPANY

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation
Position description
Level/Office building Street number and street Town/City Island
Application
I, the applicant, apply to deregister the above Company under section 602 of the Companies Act 2015.
Declaration
I declare that the statements below are correct. (a) all the Members of the Company have resolved to Deregister the Company; (b) the Company is not Carrying on Business; (c) the Company's assets are worth less than \$1,000; (d) the Company has paid all fees and penalties payable under the Companies Act 2015; (e) the Company has no outstanding liabilities; and (f) the Company is not a party to any legal proceedings.

Details of the applicant Surname First name(s) OR Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji) Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji) **Details of nominee** If the applicant is the Company, it must nominate a person to be given notice of the deregistration. Surname First name(s) Level/Office building Street number and street Town/City Island/State/Territory.... Postcode Country (if not Fiji) Signature This form must be signed by a current officeholder of the Company. I certify that the information in this form is true and complete. Name Capacity

FORM A91 Sections 602(7), 603(4), 603(6), 604 of the Companies Act 2015

NOTICE OF DEREGISTRATION OF COMPANY

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Details of notice
This is a notice that:
Company name
has been deregistered under the Companies Act 2015:
□ following an application to voluntarily deregister the Company in accordance with section 602 of the Companies Act 2015
□ following a decision of the Registrar to deregister the Company in accordance with section 603 of the Companies Act 2015 because:
□ the Company has not Lodged any other documents under the Companies Act 2015 in the last 18 months and the Registrar has no reason to believe that the Company is Carrying on Business (section 603(1))
□ the Company's Prescribed Registration Fee has not been paid in full at least 12 months after the due date for payment (section 603(2))
□ the Company is being wound up and the Registrar has reason to believe that: □ the liquidator is no longer acting (section $603(3)(a)$)

 the Company's Affairs have been fully wound up and a return that the liquidator should have Lodged is at least 6 months late (section 603(3)(b)) the Company's Affairs have been fully wound up and the Company has no Property or not enough Property to cover the costs of obtaining a Court order for the Company's deregistration (section 603(3)(c))
□ in accordance with a Court order to deregister the Company under Part 36 of the Companies Act 2015 (section 604(a)(i))
□ in accordance with a Court order to deregister the Company under section 570 of the Companies Act 2015 (section 604(a)(ii))
\Box in accordance with section 585 of the Companies Act 2015 (section 604(b)).
The date of deregistration is /
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

FORM A92 Section 609 of the Companies Act 2015

NOTICE OF REINSTATEMENT OF COMPANY

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
Details of notice
This is a notice that:
Company name
has been reinstated under the Companies Act 2015.
The date of reinstatement is / /
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature

(RESERVE BANK OF FIJI/REGISTRAR OF COMPANIES OF THE REPUBLIC OF FIJI)

FORM A93 Section 628 of the Companies Act 2015

PENALTY NOTICE

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory. Postcode Country (if not Fiji)
It is alleged that at (insert place)
This offence is a prescribed offence.
Prescribed Penalty: \$
Payable to: (The Reserve Bank of Fiji/ Registrar of Companies of the Republic of Fiji)

\Box This is a penalty notice which relates to an offence constituted by a failure to do a particular act or thing.
Provide details of the obligation.
Take notice that:
(a) the obligation continues, despite the service of this notice or the payment of the prescribed penalty; and
(b) if, within 21 days after the date of service of this notice, you:
(i) pay the prescribed penalty; and
(ii) fulfil the obligation,
no further action will be taken against you in relation to the offence described in this penalty notice; and
(c) if, at the end of 21 days after the date of service of this notice, you:
(i) have not paid the prescribed penalty; or
(ii) have not fulfilled the obligation,
proceedings may be instituted against you.
$\hfill\Box$ This is a penalty notice which relates to an offence other than one constituted by a failure to do a particular act or thing.
Provide details of the obligation.
Take notice that if, within 21 days after the date of service of this notice, you pay the prescribed penalty, no further action will be taken against you in relation to the offence described in this

If, at the end of 21 days after the date of service of this notice, you have not paid the prescribed penalty, proceedings may be instituted against you.

penalty notice.

Payment of the penalty is not an admission of liability: see section 628(6).
Issued by the (Registrar of Companies of the Republic of Fiji/Reserve Bank of Fiji) on /
Name
Signature

FORM A94 Section 690 of the Companies Act 2015

NOTICE REQUIRING APPEARANCE FOR EXAMINATION

To:
Surname
OR
Company name
Level/Office building Street number and street Town/City Island/State/Territory Postcode Country (if not Fiji)
Details of the notice
☐ The Registrar of Companies of the Republic of Fiji and/or ☐ the Reserve Bank of Fiji,
on reasonable grounds, suspects or believes that you can give information relevant to a matter that it is investigating, or is to investigate, under Division 1 of Part 44 of the Companies Act 2015.
The general nature of the matter is as follows:

You are required:

(a) to give to the Registrar or the Reserve Bank (as applicable), all reasonable assistance in connection with the investigation; and
(b) to appear before (insert name), (insert position title), of
□ the Registrar of Companies of the Republic of Fiji and/or □ the Reserve Bank of Fiji (as applicable),
at (insert place)
Issued by To be signed by the issuing body only.
Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature
Issued by the Reserve Bank of Fiji on / /
Name
Signature

(RESERVE BANK OF FIJI/REGISTRAR OF COMPANIES OF THE REPUBLIC OF FIJI)

FORM A95 Sections 701, 702, 703 of the Companies Act 2015

NOTICE REQUIRING THE PRODUCTION OF BOOKS OR DOCUMENTS

To:
Surname
OR
Company name Company number (if incorporated in Fiji) Country of incorporation (if not Fiji)
Level/Office building Street number and street Town/City
Island/State/Territory. Postcode
This is a notice to produce:
 □ Books about Affairs of a Company or Managed Investment Scheme □ Books about Securities □ Documents in a person's possession.
Details of notice to produce Books about Affairs of a Company or Managed Investment Scheme
□ The Reserve Bank of Fiji and/or □ the Registrar of Companies of the Republic of Fiji,
requires you to produce the following Books:
to (insert name), (insert position title)
□ the Registrar of Companies of the Republic of Fiji (as the case may be),

at (insert place)
Details of notice to produce Books about Securities
The Reserve Bank of Fiji requires you to produce the following Books:
to (insert name), (insert position title)
Details of notice to produce documents in a person's possession
☐ The Registrar of Companies of the Republic of Fiji and/or ☐ the Reserve Bank of Fiji,
requires you to produce the following documents in your possession:
to (insert name), (insert position title)
the Reserve Bank of Fiji (as applicable), at (insert place)
Issued by To be signed by the issuing body only.
(Issued by the Registrar of Companies of the Republic of Fiji on /
Name
Signature
Issued by the Reserve Bank of Fiji on / /
Name
Position
Signature)

FORM A96 Sections 85, 718 of the Companies Act 2015

NOTIFICATION OF LOCATION OF REGISTER

Company details
Company name
Lodgement details Who should the Registrar contact if there is a query about this form?
Firm/organisation Contact name Position description Telephone number (during business hours) Email address (optional)
Level/Office building Street number and street Town/City Island
Details of register
□ Register of Members □ Register of option holders □ Register of Debenture Holders □ Register of Charges
Details of change
Date of change /
Change from: □ Registered Office □ principal place of business □ other address
Level/Office building

New address
Must not be a Post Office Box. Must be a street address.
Level/Office building
Street number and street
Town/City
Island
Does the company occupy the premises?
□ Yes □ No
If No, name of occupier
□ Occupier's consent (Select box to indicate the statement below is correct) The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.
Signature
This form must be signed by a current officeholder of the Company.
I certify that the information in this form is true and complete.
Name
Capacity
□ Director
□ Company secretary
Signature
Date signed /

FORM A0

Companies Act 2015

ANNEXURE					
This is Annexure (insert an identifying letter or symbol, for example, a,b,c or 1,2,3 etc)					
Company details					
Company name					
Name of document annexed					
Signature This form must be signed by a current officeholder of the Company.					
Name					
Capacity □ Director □ Company secretary					
Signature					

SCHEDULE 3

LATE LODGEMENT FEE

Item	Entity	Fee (VEP)		
1.	Small Private Company	Lodged within one month*	_	\$5
		Lodged within 3 months*	_	\$10
		Lodged after 6 months*	_	\$50
2.	Foreign Company	Lodged within one month* - \$100		\$100
		Lodged within 3 months*	_	\$200
		Lodged after 6 months*	_	\$1,000
3.	Listed company	Lodged within one month* - \$100		\$100
		Lodged within 3 months*	_	\$200
		Lodged after 6 months*	_	\$1,000
4.	Company not listed in items 1 to 3	Lodged within one month*	_	\$50
		Lodged within 3 months*	_	\$100
		Lodged after 6 months*	_	\$500

^{*} Lodgement after due date.

SCHEDULE 4

PRESCRIBED REGISTRATION FEES

Item	Entity	Prescribed Registration Fee (VEP)
1.	Small Private Company	\$10
2.	Company Limited by Guarantee granted a licence under section 31 of the Act	\$10
3.	Foreign Company	\$1,000
4.	Listed company	\$1,000
5.	Company not listed in items 1 to 4	\$500

SCHEDULE 5

PRESCRIBED SEARCH FEES

Item	Type of search	Fee (VEP)
1.	Inspecting the register of companies in respect of one company	\$10
2.	Certified copy of a certificate of incorporation	\$10
3.	Copy or extract from a document filed in the registry, per folio	\$10 (up to 10 pages), 50 cents per page thereafter
4.	Certification of copy or extract as true and correct	\$10