

**Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.**

**FORM 45**



**THE COMPANIES ACT NO. 5 OF 2009**

**CORPORATE AFFAIRS COMMISSION**



**APPLICATION BY A PRIVATE COMPANY FOR RE-REGISTRATION AS A PUBLIC COMPANY**

COMPANY NAME	
COMPANY NUMBER	
REGISTERED ADDRESS	
TELEPHONE NO	
EMAIL	

Company name in full

**RE-REGISTRATION**

The above company applies to be re-registered as a public company by the name of: (name availability check having been carried out)

--

(full name of re-registered company)

And for that purpose delivers the following documents to the Commission for re-registration:

1. Copy of the special resolution that the company should re-register as a public limited company and that company's memorandum and articles be altered.
2. Copy of a written statement by the director and secretary certifying on oath showing that the paid up capital as of the date of the application is not less than 25 percent of the share capital as at that date.
3. Printed copy of memorandum and article as altered
4. Copy of the balance sheet of the company as at the date of the resolution or preceding 6 months whichever is later.
5. A statutory declaration by a director and secretary of the company verifying that the special resolution has been passed and that the company's net assets are not less than the aggregate of the paid-up share capital and un-distributable reserves.
6. A copy of the prospectus or statement in lieu of the prospectus within 14 days of the passing of the resolution (where a prospectus is submitted, such prospectus is to be in the form stated in part 4 of the companies regulation 2015.)

(Payment of applicable fee)

**Please complete this form in bold black capitals. All fields are mandatory unless it does not relate to specific circumstance.**

The nominal value of the company's share capital is not less than the authorized minimum

{Where there has been a change of secretary submit a completed form 247(4)}

**DETAILS**

**1<sup>st</sup> Director**

**2nd Director/ Secretary**

Name of Director		
Telephone No		
Address		
Signature		
Email		

**Submitted / Filed**

DAY		MONTH		YEAR	
-----	--	-------	--	------	--

**Applicable fees shall/has been paid by : Mobile Money  Bank Transfer**