

## Application for Business Registration and Licensing

### ***Applicants Details:***

Name: \_\_\_\_\_ | Nationality: \_\_\_\_\_ |

Type of I.D.: \_\_\_\_\_ | No. ID.: \_\_\_\_\_ | Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ |  
I.D. (Passport) Day / Month / Year

Address/Home Address: \_\_\_\_\_ |

Contact No. – Telephone / Fax/ E-mail: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Landline Mobile Phone E-mail

**AS** (Relation with the Company or Business): \_\_\_\_\_ |

Requests, pursuant to the Decree-Law N.º 16/2017 and Decree-Law N.º 7/2017, to be/for:

- Certified and approve the Company's/Sole Trader's Name**
- Register the Company / Sole Trader**
- Authorized and/or Licensed the Business activity indicated**

In accordance with this application and documents attached.

“I declare, as well, under the provisions of the Law, that all documents submitted together with this application are lawful and legal and that I authorize SERVE to share with other Government Departments and Services the information that are provided in them, pursuant to the Law”

Language for Communication: **Portuguese**  **Tétum**  **English**  **Indonesian**

Díli, \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

## Information for the Registration

Enterprise's Name: \_\_\_\_\_ | Type Bus. / Comp.: \_\_\_\_\_ |

Address/Office Address: \_\_\_\_\_ | Local/National: [ ] / Foreign [ ]

Contact No. – Telephone / Fax/ E-mail: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Landline Mobile Phone E-mail

Objective: Based on or As per Article \_\_\_\_\_,º as stated in the Act of Association (AoA) or Act of Company that talks about the Social Objective or the Economic Activity

Main Activity: \_\_\_\_\_

Share Capital: USD (Dollar of United States of America) \_\_\_\_\_ | \* TIN (Tax Identification Number of the Firm or Company or Business)  
| \* If it has being done some Economic Activities

Shareholders:	Marital Status	Individual TIN	I.D. No.	Type of I.D.	\$/-% / Quota/ Shares
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Administrator/Director/Administration Council	I.D. No.	Type of I.D.	Contact No. / Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Single Fiscal/Fiscal Council:	I.D. No.	Type of I.D.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secretary:	I.D. No.	Type of I.D.	Contact No. / Telephone
_____	_____	_____	_____

Díli, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

SERVE\_F\_1-3\_Eng

## Declaration with Honor Commitment

*Decree-Law N.º 34/2017*

As Director/Legal Representative of the following Company/Business:

Enterprise Name: \_\_\_\_\_ | TIN.: \_\_\_\_\_ |

Address/Office Address: \_\_\_\_\_ |

Contact No. – Telephone / Fax/ E-mail: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Landline Mobile Phone E-mail

Old/Previous Authorization to conduct Business Activity / Business License valid until: \_\_\_\_/\_\_\_\_/\_\_\_\_ |  
Day / Month / Year

“Declares, under a honor declaration or with honor commitment, that for the purpose of request or renewal of Authorization to conduct Business Activity and/or Business License of the activities mentioned below, the company/business’s premises meets the criteria or requirements of safety and health and that I am responsible for any justified adjustments, followed by inspection conducted in accordance with the law.”

Requires for the Authorization to conduct Business Activity and/or Business License such as:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Díli, \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

SERVE\_F\_1-3\_Eng