



SCREENING FORM

This screening form is used as a working instrument for the BCSRRD to ascertain relevant information pertinent to the effective implementation of Registration of Business Names Act 1988. Primarily, the information provided herein will help assist Government of Kiribati for her official assessment and it is therefore highly recommended here that this screening form should be duly completed first prior to the filling out of the legal registration forms for both the Individual or Firm.

To: **Secretary/Registrar of Business Names**
Ministry of Commerce, Industry & Cooperatives
P O Box 510

SECTION A: FULL PARTICULARS OF APPLICANT

(Copies of Birth Certificate and Marriage Certificate in respect of the information inked below should be provided and shall attached hereto this form as references for official assessment.

1. Full name:	2. Date of birth:
3. Nationality:	4. Occupation:.
5. Marital Status:	6. Spouse Full name:
7. Spouse Occupation:	8. Spouse Nationality:
9. Contact Phone No:	
10. Present Address:	

SECTION B: SUMMARY OF BUSINESS

1. Proposed Business Name:			
2. General Nature of Business:			
3. Principal place of Business:			
4. Other locations (Branches):			
5. Legal form of Business:		i) Individual	ii) Firm
6. Initial Investment in terms of Cash:		\$	
7. Source of Investment:			
8. Shareholder's Name	Nationality	Title	% Share
a)			
b)			

9. Employee's Name	Nationality	Designation	Wages
a)			
b)			
c)			

SECTION C: DETAILS OF BUSINESS & FINANCIAL MANAGEMENT

Business Manager:	Nationality:
Age:	Level of Education:
Sex:	Relation to Owner:
Financial Manager:	Nationality:
Age:	Level of Education:
Sex:	Relation to Owner:
Business Financial year:	

SECTION D: DECLARATION

I hereby declare that the information provided herein this screening form is true and accurate to the best of my knowledge and understanding, and any misleading or false statement found herein this form may alter a registration of my business name into the National Business Register.

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Signature

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Date