

REPUBLIC OF NAURU

PARTNERSHIP (FEES) REGULATIONS 2017

SL No. 14 of 2017

Notified: 2nd August 2017

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COLEDUI F O				

Cabinet makes the following Regulations under section 44K of the Partnership Act 1976:

1 Citation

These Regulations may be cited as the Partnership (Fees) Regulations 2017.

2 Commencement

These Regulations commence on 1 June 2017.

3 Definitions

In these Regulations:

'Act' means the Partnership Act 1976;

'Registrar' means the Registrar of Partnerships.

4 Fees

The fees to be paid to the Registrar under the Act are set out in Schedule 1 of these Regulations.

5 Prescribed form

The prescribed form for the registration of a partnership is set out in Schedule 2 of these Regulations.

Regulation 4

SCHEDULE 1

Fees

Annual registration of partnership	\$500
For a certified copy of a certificate of registration	\$50
Inspection of the Register	\$20
For a certified copy of an entry in the Register	\$25
Change of particulars of partnership	\$350

SCHEDULE 2

APPLICATION FORM FOR REGISTRATION OF PARTNERSHIPS IN THE REPUBLIC OF NAURU

TO:	Registrar of Partnerships		
	Department of Justice and Border Control Government Offices, Yaren District		
	Republic of Nauru		
	CENTRAL PACIFIC		
	CLITICAL FACIFIC		
Please p	proceed to (re)register a partnership under any one of the names indicated below in order of preference: -		
1.	First Preference		
	Name		
	Name		
	Second Preference if applicable		
	Second Treference if appreciate		
	Name		
2.	Nature of Business, Area of Operations		
3.	Principal Place of Business of the Partnership		
3a.	Business Name registration number		
3b.	Tax Number (TIN)		
3c.	Number of employees at date of registration		
4.	Particulars of Beneficial Owner(s)		
	% Ownership of Partnership		
	Name		
	Address		

Email

Name	
Addre	
Email	
Name	
Addre	
Email	
Please a	d additional names if required and note any changes in % ownership from previous registrati
	ars of Referees to whom reference should be made regarding business integrity etc., of the
(i)	Name
(1)	Address
	Audress
(ii)	Name
(11)	
	Address
7 A	litional Information
_	
	ails of Bank Accounts intended to be opened
(i) N	ne of the Bank(s)
_	
(::)	Notice of Account
(ii)	Nature of Account
_	
(iii)	Names of the Persons authorised to operate on the Accounts
(iv)	Attach a copy of the Partnership agreement
(v)	Attach a statement of assets and liabilities
(vi)	Date of commencement of the Partnership

We hereby confirm that the contents of this application and the information given herein is true to the

best of our knowledge.

DATE:

We also confirm that the Registrar will be entitled to charge its fees, expenses and disbursements in accordance with its scale of fees as amended from time to time and to receive them from the funds under its control.

We hereby request the Registrar to act upon the instructions of the authorised person(s)/organisation(s) referred to below:-

Authorised Person/Organisation	Specimen Signature
Name	
Address	
Email	
<u>Principal</u>	Specimen Signature
Name	
Address	
Email	
ED BY:	