



Association of Foreign Partnership Company

Date:				
Name of the company		Term:		
Address:				
Telephone:		Fax:		
Email:		P.O. Box:		
Company purposes as set in the Memorandum of Association				
Partners (shareholders details)				
No.	Full name	Age	Address	Profession
1				
2				
3				
4				
5				
6				
7				
8				

Partners (shareholders details)				
No.	Full name	ID/ passport no.	No of shares	Signature
1				
2				
3				
4				
5				
6				
7				
8				

