

## Application form for establishment of Joint Stock Company

Name of authorized to consult the office:.....

Tel No.:..... , company's activity:.....

Name of shareholders : at least ten shareholders in the company

S.N	Name	Nationality	Date of Birth	ID Card No.	Occupation	Residence
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The name suggested to the company (as priority) from 1 to 10 :

1- ..... 2-..... 3- .....

Names of members of board of directors :

S.N	Name	Date of Birth	Title
			Chairman and General Manager
			Vice-chairman
			Member of board of directors

Names of members of control committee (no relative relation with board of directors till the fourth class) :

S.N	Name	Date of Birth	Title
			Chairman of control committee
			Member
			Member

Names of Alternate Members of Control Committee :

S.N	Name	Date of Birth	Title
			Alternate Member
			Alternate Member

Capital of company:....., Bank's name : .....

Head office of company:....., External Auditor: .....

**Note:** After filling up, the form shall be sent by E-mail.