



NEVIS LIMITED LIABILITY COMPANY ORDINANCE, CAP 7.04

FORM 36(1)

APPLICATION FOR REGISTRATION OF A CHARGE

Notes on completion

This form is to be used for the registration of a charge. Please complete all applicable parts of this form. If insufficient space has been provided for a reply at any point, please provide the information on a separate sheet and refer to it in the space provided for your response. If any further information or clarification is required, it will be requested during the processing of the application.

Please append (where applicable) the following documents or information as part of the application to register a charge:

- (a) Cheque assigned to the Nevis Island Administration.
- (b) The charge or certified copy of the charge.
- (c) The authenticated translation (if any) of the charge.

PART 1

APPLICANT DETAILS

I/We the undermentioned, hereby apply to register the following charge created by the limited liability company described below.

1. Name of Registered Agent:

2. Registered Address:

3. Company Number:

4. Company Name:

5. Contact information:

(telephone, fax, email)



PART 2

DETAILS OF CHARGE

**1. Date of creation of charge;
or if the charge is a charge
existing on property acquired
by the limited liability
company, the date on which
the property was acquired**

2. Name of chargee:

**3. Address of
chargee:**

**4. Brief description
of liability secured
by the charge:**

**5. Brief description
of the property
charged:**

**6. Prohibitions or
restrictions
contained in the
instrument creating
the charge (if any):**

**7. Date and time of
registration of the charge:**

8. Name of applicant:

9. Address of applicant:



Certification

I hereby certify that I am duly authorised to file and sign this application for registration of a charge on behalf of the limited liability company and that the information and attached documents and particulars of the charge are an accurate description of it.

The applicant authorises the Nevis Financial Services (Regulation and Supervision) Department to make such inquiries as it may consider necessary in connection with this application.

Signature of applicant:

Full name of signatory:

Date:

FOR REGISTRY USE ONLY

Date filed:

Received by:

Processed by: