



PARTNERSHIP REGISTRATION STATEMENT

Any general or limited partnership formed under the laws of Palau to do business in Palau, or any partnership formed under the laws of any other jurisdiction to do business in Palau must provide the following information and file this form with the Office of the Registrar, c/o Office of the Attorney General, P.O. Box 1365; Koror, Palau 96940. **This Form must be accompanied by a copy of the Partnership Agreement and a filing fee of \$250.00, made payable to the Republic of Palau National Treasury.**

The required information can be provided on this form or as a separately prepared statement. All information provided must be in English and should be typed or printed in legible block letters. This statement must be acknowledged by each partner before a notary public or other officer in the manner provided by law for acknowledgment of deeds.

1. Name and mailing address of the partnership:

2. Nature of partnership (i.e. general, limited, special or other):

3. Name, citizenship, residence and mailing address of each partner and whether he is a general, limited, special, or other kind of partner:

4. Nature of the partnership business:

5. Location of principal place of business of the partnership:

6. Jurisdiction under whose laws the partnership was formed and the date the Partnership was formed:

7. Date which the partnership began or will begin doing business in Palau:

8. Do you certify that one of the partners is a minor or an incompetent person?

9. Does the partnership have or has it applied for a foreign investment permit? If so, state the date issued (or applied for), permit number and name under which the permit was issued. A copy of the permit should accompany this application.

ACKNOWLEDGMENT

The following persons, being duly sworn upon oath, state that they are the persons named as partners on this Registration Statement that they have read the information provided on this Registration Statement and that the information which has been provided is true and correct to the best of their knowledge.

Signature : _____

Name : _____

Date : _____

Signature : _____

Name : _____

Date : _____

Signature : _____

Name : _____

Date : _____

Signature : _____

Name : _____

Date : _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2017.

Clerk of Courts and/or
Notary Public
Republic of Palau