



THE REGISTRAR-GENERAL'S DEPARTMENT
THE INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)
Supplementary Partner Form

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS

**INDICATES MANDATORY FIELD*

Registration No.: _____

Partner 1:	Partner(s) Details:											
*TIN:												
*First Name:												
*Middle Name:												
*Surname:												
Any Former Forename/Surname:												
*Date of Birth:												
	d d / m m / y y y y											
*Nationality:												
Occupation:												
*House/Building/Flat (Name or House No. etc.) /LMB:												
*Street:												
*City:												
*District:												
*Region:												
*P. O. Box:												
PMB/DTD:												
Phone No.:												