

FORM 16
**NOTICE OF ALTERATION OF CONSTITUTION OF FOREIGN COMPANY,
CHANGE OF DIRECTORS, CHANGE OF PLACE OF BUSINESS, OR CHANGE
IN PERSONS AUTHORIZED TO ACCEPT SERVICE
SECTION 362 OF THE COMPANIES ACT, 2013**

[If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.]

Company Name:.....
Company No:.....

ALTERATION TO CONSTITUTION OF FOREIGN COMPANY

[Complete only if applicable.]

The instrument constituting/* defining the constitution of* the above company was altered on.....

A copy of the document by which the alteration was made is attached.

*Delete if inapplicable.

CHANGE IN ADDRESS OF PLACE OF BUSINESS OR PRINCIPAL PLACE OF BUSINESS OF FOREIGN COMPANY

[Complete only if applicable.]

Old address:.....

New address of place of business or principal place of business in Malawi:.....
.....

ADDRESS FOR COMMUNICATION

Old address:.....

[Please complete if the FOREIGN company has a new address for communications from the Registrar.]

CHANGE IN DIRECTOR'S DETAILS

[Complete only if applicable.]

Director(s) ceasing to hold office *[Please provide director's full legal name.]*

First name(s):..... Surname:.....

Residential address:.....

Date on which director ceased to hold office:.....

Appointment of new director(s) *[Please provide director's full legal name.]*

First name(s):..... Surname:.....

Residential address:.....

Email *[optional]*..... Date of appointment.....

CHANGE OF NAME OR RESIDENTIAL ADDRESS OF DIRECTOR

[Attach separate sheet in the prescribed format for multiple entries.]

Director's Surname:.....

Director's Former Surname:.....

Director's First Name(s):.....
Director's Former First Name(s):.....
Residential Address:.....
Former Residential Address:.....
Effective date of change of name or of residential address:

Set out below is a full list of the current directors of the company (including new appointments) at the date this notice is signed.

Full legal name*:.....
Residential address.....

CHANGE IN PERSONS AUTHORIZED TO ACCEPT SERVICE IN MALAWI OF DOCUMENTS ON BEHALF OF FOREIGN COMPANY

[Complete only if applicable.]

Person ceasing to be authorized to accept service

Full name*.....

Address*.....

Date appointedEmail address[optional].....

Appointment of person authorized to accept service

Full name*.....

Address*.....

Date appointedEmail address[optional].....

*In the case of a natural person, give a residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, the address of its principal place of business.

DETAILS OF ANY OTHER PERSONS AUTHORIZED TO ACCEPT SERVICE IN MALAWI OF DOCUMENTS ON BEHALF OF THE FOREIGN COMPANY AT THE DATE ON WHICH THIS NOTICE IS SIGNED

Full legal name*.....

Address.....

Email address[optional].....

*In the case of a natural person, please give a residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, the address of its principal place of business.

Signature of director/authorized person:.....

Date:.....

Full legal name of director/authorized person:.....

Completed by:

Signature:.....

Date:.....

Full legal name:.....

Address:.....

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