****

CONTROLLER’S FORM

Section 21 (2) (*c*))

|  |  |  |
| --- | --- | --- |
| Name of Company Number |  | Company |

Important Note: If there is more than one controller, each of the controllers should fill

in a separate form. CONTROLLER’S DETAILS

|  |  |
| --- | --- |
| Controller’s Name: |  |
|  |  |
| Residential Address: |  |
|  |  |
| Nature of Association with company i.e., Nature of control | |
|  | |
| For shareholding, state percentage  of Contribution held in the company: | |
| Signature | ........................................................... |
| Date |  |

## IMPORTANT INFORMATION

* Beneficial Owner must be a natural person.
* Provide full names and residential address of every beneficial owner including amount to be paid or other consideration.
* Where the Beneficial Owner holds a managerial position in the company, the managerial position must be disclosed. Where some shares are to be held by a foreign company, the identification of natural persons who own, and/or hold shares and control the foreign company must be disclosed.

Completed by:

Postal Address: