

# CORPORATE AFFAIRS COMMISSION



## FORM CAC 1

### AVAILABILITY CHECK AND RESERVATION OF NAME

*Pursuant to Sections 32, 662 and 676*

Name of Presenter:					
Accreditation No:		Telephone No.:			
Address:					
			City		
State		P.O. Box		Email	

I hereby apply for the availability of:

#### PROPOSED NAME OF COMPANY/BUSINESS/INCORPORATED TRUSTEES:

##### OPTION ONE


##### OPTION TWO


#### PRINCIPAL AIMS AND OBJECTIVES OF THE ASSOCIATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

#### The name is to be used for:

- |                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| a. Private Limited Company (LTD) | <input type="checkbox"/> | d. Company Limited By Guarantee (LTD/GTE) | <input type="checkbox"/> |
| b. Public Limited Company (PLC)  | <input type="checkbox"/> | e. Business Name                          | <input type="checkbox"/> |
| c. Unlimited Company (ULTD)      | <input type="checkbox"/> | f. Incorporated Trustees                  | <input type="checkbox"/> |

Dated this  Day of  20

\_\_\_\_\_  
Signature of Presenter