## Department for Enterprise COMPANIES REGISTRY

## Requisition for a Certificate of Fact

(Summary of Statutory Information of a Company)

A Standard Service Certificate of Fact costs £50 (48 hours) per certificate
Standard Service Certificates will be e-mailed and posted so please provide e-mail & address details below
Or

A Priority Service Certificate costs £100 (3 hours) & must be ordered before 2.30pm

Priority Certificates will be e-mailed and posted – unless asked to collect – please circle YES below for collection

<u>Priority Service Certificate Payment MUST be made by card, cash or cheque (not bank transfer)</u>

Where a request is received for a certificate to be dated on a particular day, this will be classed as a Special request & will require the same payment as a Priority request (£100)

Companies Registry, Registries Building, Deemsters Walk, Bucks Road, Douglas, Isle of Man, IM1 3AR Tel: +44 (0) 1624 689389 Email: companies@gov.im

Company Name &	Number		
Ordered By:			••••••
			••••••
Cert to be collected from Of			
E-Mail Address	•••••		••••••
Phone Number:	C	Date:	•••••••
The summary will ALWAYS contain the following information:			
Company Number Last Annual Return Date Current Secretary(ies) Appointment of Liquidator/Red No authority to maintain Register	5 5	Incorporation Date Current Director(s) Previous Name(s)	
NB: The summary will contain inform	nation concerning any matter detrir	nental to the continued registration of th	e company.
Shareholders - Please tick here if you require the current shareholders to be shown			
ARE ANY DOCUMENTS WAIT COMPLETED? If so, please prov		EFORE THIS CERTIFICATE CAN	BE
For official use only:			
Order Received/Completed by		Data	

A Standard Service Certificate of Fact costs £50.00 per certificate (48 Hours) A Priority Service Certificate of Fact cost £100 per certificate (3 Hours) - must be ordered before 2.30pm Payment methods: Cheques must be drawn on a UK clearing bank and made payable to the Isle of Man Government. Alternatively, please complete the following instruction to debit your credit/debit card: -If this request is being sent by post, e-mail or fax, the following section must be completed. Please debit my account with the total amount shown: £ ...... Mastercard Switch Visa Credit/Debit \* (\* delete which doesn't apply) Other, please specify ...... Please note we cannot accept American Express The name of the card issuer: ..... Start date (debit cards only) /\_\_\_/ Expiry Date (all cards) /\_\_/\_\_/ Signature Card issue number (if present) for Switch and Solo Cards: ...... **Card Number** Security Code (This is the Last 3 digits on the back of your card) Cardholder's name and initial as they appear on the card:

Cardholder's full postal address/statement address (if different to delivery address):