

Department for Enterprise COMPANIES REGISTRY

Requisition for a Certificate of Fact
(a Summary of Statutory Information of a Company)

A Certificate of Fact costs £50.00 (48 Hours) per certificate.
Or

£100 for Priority Service (3 hour) must be ordered before 2.30pm and paid for at time of order.

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

THE NAME AND NUMBER OF THE COMPANY THE CERTIFICATE OF FACT IS REQUIRED FOR:

.....

ORDERED BY:

ADDRESS: (if certificate is to be mailed)

.....

PHONE / FAX NUMBER: DATE:

The summary will ALWAYS contain the following information:

Company Number	Company Name	Incorporation Date
Last Annual Return Date	Registered Office	Current Director(s)
Current Secretary(ies)	Strike-off Action Pending	Previous Name(s)
Appointment of Liquidator/Receiver	Mortgages	
No authority to maintain Registered Office		

NB: The summary will contain information concerning any matter detrimental to the continued registration of the company.

Shareholders – Please tick here if you require the current shareholders to be shown

The Certificate will contain the electronic signature of a manager by default. If you require an original signature, please tick here.

ARE ANY DOCUMENTS WAITING TO BE PROCESSED BEFORE THIS CERTIFICATE CAN BE COMPLETED? If so, please provide details:

For official use only:

Order Received/Completed by..... Date.....

A Certificate of Fact costs £50.00 per certificate (48 Hours) – Standard Service

Or

£100 per certificate (3 Hours) – Priority Service – ordered before 2.30pm and paid for in advance.

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):

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