

Department for Enterprise COMPANIES REGISTRY

Requisition for a Certificate of Good Standing
A Certificate of Good Standing 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 GOOD STANDING IS REQUIRED FOR:

.....
.....

ORDERED BY:

ADDRESS: (if certificate is to be mailed)

.....

PHONE / FAX NUMBER: DATE:

The summary will ALWAYS contain the following information:

- (1) The date of incorporation of the Company/Re-Registration/Continuance;
- (2) The Registered Office Address of the Company;
- (3) The last annual return date of the company (if filed);
- (4) The name of the Registered Agent;
- (5) The company is on the register of companies and is in Good Standing with this office;
- (6) There are no documents on the company file relating to winding up or dissolution of the company or the appointment of a receiver in respect of any of its assets;
- (7) No proceedings to strike the name of the company off the register of companies have been instituted.

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

For official use only:

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

A Certificate of Good Standing 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:

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

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