


 Fill in the form on your computer or legibly by hand. Sign the form and send in the original. **More information on page 3.**

Skicka till | Send to

**Bolagsverket**

SE-851 81 Sundsvall, Sweden

**1. Kontaktperson i detta ärende | Contact person for this case** Fill in your email address and telephone number so we can contact you easily.

|   |  |                                  |                                   |
|---|--|----------------------------------|-----------------------------------|
| Kontaktpersonens förnamn och efternamn   First name and surname of the contact person |  | Företagsnamn   Business name     |                                   |
| Postadress   Postal address   |  | Postnr   Postcode                | Postort   Town/City               |
| E-postadress   Email address  |  | Telefonnr   Phone number daytime | Deposit account, if any, 3 digits |

**2. Företagets adress | Address of the partnership**

|                             |                     |                              |
|-----------------------------|---------------------|------------------------------|
| Postadress   Postal address |                     |                              |
| Postnr   Postcode           | Postort   Town/City | E-postadress   Email address |
| Kommun   Municipality       |                     | Län   County                 |

**3. Företagsnamn | Business name** Give more than one proposal and make these as varied as possible.

|   |
|---|
| Förslag nr 1   Proposal no.1 (This name proposal should be stated when paying the registration fee) |
| Förslag nr 2   Proposal no.2  |
| Förslag nr 3   Proposal no.3  |

**4. Verksamhet | Business activities** Specify the line of business. Please note that the description of the business activities must be in Swedish.

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**5. Bolagsmän (delägare) | Partners (part-owners)**

|  |   |                     |
|--|---|---------------------|
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |

**Fortsättning 5. Bolagsmän | Continued 5. Partners (part-owners)**

|  |   |                     |
|--|---|---------------------|
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnr   Postcode   | Postort   Town/City |
| Personnummer/organisationsnummer   Personal identity number/Registration number        | Land (om bosatt utomlands)   Country (if resident abroad) |                     |
| Efternamn/registrerat företagsnamn   Surname/If legal entity, registered business name | Samtliga förnamn   All first names                        |                     |
| Postadress   Postal address  | Postnummer  | Postort   Town/City |

**6. Firmateckning | Signatory power**

|  |  |
|--|--|
| <input type="checkbox"/> 1) Firman tecknas av bolagsmännen var för sig   The partners are entitled to sign on behalf of the partnership, individually.         | <input type="checkbox"/> 2) Firman tecknas av bolagsmännen gemensamt   The partners, together, are entitled to sign on behalf of the partnership.                |
| <input type="checkbox"/> 3) Firman tecknas av bolagsmännen två i förening   The partners, any two together, are entitled to sign on behalf of the partnership. | <input type="checkbox"/> 4) Firman tecknas av bolagsmännen tre i förening   The partners, any three together, are entitled to sign on behalf of the partnership. |
| <input type="checkbox"/> 5) Firman tecknas enligt nedan   Signatory power is as stated below.  |  |

Fyll i eventuell annan firmateckning här | If applicable, fill in another alternative for the signatory power here. Please note that the information must be in Swedish.

**7. Övrigt | Other matters**

|  |
|--|
|  |
|--|

**8. Underskrift | Signature** The form must be signed by all the partners. Please use blue ink.

|                          |                                |
|--------------------------|--------------------------------|
| Datum   Date             |                                |
| <hr/>                    |                                |
| Namnteckning   Sign name | Namnförtydligande   Print name |
| <hr/>                    | <hr/>                          |
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**9. Registreringsavgift | Registration fee** Pay the fee to bank giro number 5050-0255.

|                             |                         |  |
|-----------------------------|-------------------------|--|
| Betalt belopp   Amount paid | Datum   Date of payment |  |
|-----------------------------|-------------------------|--|

## Register beneficial ownership information within four weeks

All new trading partnerships must register beneficial ownership information with Bolagsverket within four weeks from their date of registration. Go to [bolagsverket.se](http://bolagsverket.se) for more information.



### Information

Use this form when you want to register a new trading partnership or use the e-service on the website [verksam.se](http://verksam.se) (in Swedish only). You will find e-services and more information on [bolagsverket.se](http://bolagsverket.se). When the application has been registered we will send you a registration certificate in Swedish.

#### 1. Contact person for this case

If you choose to have a contact person or if the partnership has an agent, fill in their personal and address details. Please note that we usually send notifications by email. If you do not fill in an email address, we will send notifications by post.

If the agent has a deposit account with Bolagsverket and wants to use it for payment of the registration fee, you must also fill in the three-digit account number.

#### 2. Address of the partnership

Fill in the address. Remember to fill in the municipality and the county.

#### 3. Business name

State more than one proposal for your business name and vary the proposals. If you submit more than one proposal, we will examine them in the order you have listed them in. We will register the first proposal we examine that we are able to accept, without first contacting you. Read more about choosing a business name on [bolagsverket.se](http://bolagsverket.se).

#### 4. Business activities

Describe the business activities in as much detail as possible. You must be precise regarding the line of business, such as retail sale of shoes or consulting business within IT.

#### 5. Partners (part-owners)

Fill in the personal and address details of the partners. A foundation or a non-profit association may be a partner if they solemnly declare that they have not been declared bankrupt. Write the declaration in box 7. Other matters.



#### Attachments, when applicable

- A certified copy of their passport or other identification document for each person who is not registered in the Swedish population register. The copy must contain name, date of birth, validity dates, signature and photo. Copy the whole double-page spread in the passport containing the photo page or both sides of the identification document. At least one other person must sign the copy to certify that it matches the original. Their signature, printed name and telephone number must be included on the copy.
- A certified copy of the certificate of registration, not older than six months, if the person is a foreign legal entity.

#### Under the age of 18

Individuals from the age of 16, but under 18, may be partners if the legal guardians and the Chief Guardian of the municipality give permission. The permission of the guardians and the Chief Guardian must be included in the application form or enclosed as an attachment.

#### 6. Signatory power

State the signatory power that applies for the partnership.

#### 7. Other matters

##### Procurator holder

If the partnership has a procurator holder, fill in their personal and address details in this box. A procurator holder is a person holding a special power of attorney (a power of procurator), and therefore has the right to represent the partnership in all matters regarding its business activities. A procurator holder cannot be one of the signatories of the partnership.

##### Auditor

If the partnership has an authorized or approved auditor, fill in their details here.

**Specially authorized signatories**

If the partnership has appointed a person who is not a partner to be a signatory, fill in their personal and address details in this field. You must also fill in the extent of their signatory power for the partnership in box 6. Signatory power.

**Secondary business name**

If the partnership is to have a secondary business name, you must state name proposals for the secondary business name here. Submit more than one name proposal and make these as varied as possible. Fill in the business activities to be carried out under the secondary business name and be exact regarding the line of business. The business activities to be carried out under the secondary business name must be a part of the business activities of the partnership.

**8. Signature**

All the partners must sign the form. If you represent a legal entity, write the company registration number after the printed name in the signature. The person signing the form thereby insures that the individuals to be registered are not in bankruptcy, have not been prohibited from carrying on business or do not have a custodian as stated in the Swedish Parental Code.

**9. Registration fee**

Please state the amount you will pay and the payment date. Pay the fee to bank giro number 5050-0255 and give your first business name proposal as the payment reference. We can start processing your application when we have received the payment. We cannot refund the payment once we have begun processing your case.