



Registration Form for Business Companies

Please complete this form and submit to this Office. If you have any questions about how to fill out the application form? Let us help. Please contact us by email at dept.trade.moci@gmail.com or call by phone +252-615812474, attention Department of Trade. You will be contacted by our Team within two business days.

PART 1		PURPOSE OF THE APPLICATION (Please check all boxes that apply)	
<input type="checkbox"/> New Business Ganacsi Cusub	<input type="checkbox"/> Renewal Business Ganacsi Cusubooneysiin	<input type="checkbox"/> New Ownership Mulkiyada Cusub	
<input type="checkbox"/> Change Ownership Badelaada Milkijadda	<input type="checkbox"/> Change Business Structure Bedelida qaabdhismeedka ganacsiga	<input type="checkbox"/> Change Business Name Bedel Magaca Ganacsiga	
<input type="checkbox"/> Change of Address Badalaadda Ciwaanka	<input type="checkbox"/> Change Business Activities Wax ka beddel shaqadda ganacsiga	<input type="checkbox"/> Change Photo Identification Kabelka Sawirka Aqoonsiga	
<input type="checkbox"/> Others Kuwa kale	<input type="checkbox"/> Replacement of lost/destroyed certificate Beddelista shahaadada lumay / burburay		
PART 2		TYPES OF BUSINESS STRUCTURE (Select only ONE ownership structure)	
<input type="checkbox"/> Sole Proprietorship Shirkad Hal qof leeyahay	<input type="checkbox"/> Partnership Shirkad Iskaashato ah	<input type="checkbox"/> Limited Partnership Shirkadd Xadidan ama kooban	
<input type="checkbox"/> Corporation iskaashato	<input type="checkbox"/> Joint Venture Wadashaqeyn Wadajir ah	<input type="checkbox"/> Cooperative iskaashato	
PART 3		NATIONALITY (Please Select only one box that apply)	
<input type="checkbox"/> Somali Citizen Muwadin Somali	<input type="checkbox"/> Foreign Citizen Ajanabi	<input type="checkbox"/> Mixed together Isku dhaf Muwadin iyo Ajanabi	
PART 4		BUSINESS INFORMATION	
<input type="checkbox"/> Company Name Magaca shirkadda			
<input type="checkbox"/> When was The company established Goorta La asaasay Shirkadda			
Contact/ Main Office Address: Ciwanka lagala Xiriirka/Xfiiska Guud			
Email address Emailka:			
Telephone Number Telefoon nambar			
Did your company have license number? Shirkaddaada Maleedahay Shati Number		<input type="checkbox"/> YES HAA	<input type="checkbox"/> NO MAYA
If it yes, please provides license number and date issue Haddii ay Haa tahay, fadlan qor lambarka shatiga iyo taariikhda labixiyey			
<input type="checkbox"/> Number of employees working at Business location: Tirada shaqaalaha ka shaqeynaya goobta ganacsiga			