Form E-3 | Notice of change of directors or secretary of overseas corporation

Section 51(b), Myanmar Companies Law 2017 Note For office use only If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format. Name of overseas corporation Registration number issued in Myanmar 1. Appointment of new director or secretary Is this person a director or secretary? Secretary Date of appointment as director or secretary уууу mm Note: This form must be filed within 28 days of the appointment of the new director or secretary. **Full name in English** N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only) Nationality Other nationalities, if applicable Gender Date of birth Male Usual residential address Street number and street name Unit, level, etc. (if applicable) Quarter/City/Township State/Region Country Postcode (optional)

	Email address (optional, but an email is required to receive notifications)			
	Phone Number (optional, but a phone number is required to receive notifications)			
	sation of director or secretary			
	ete this section if a person has ceased to be a director or secretary for the overseas corporation. e in English			
Data man	way accord to be director or constant.			
Date per	rson ceased to be director or secretary			
	dd mm vyvy			
Note: Ti	dd mm yyyy This form must be filed <u>within 28 days</u> of the cessation of director or secretary.			
3. Char	nge in particulars of existing director or secretary			
	ete this section if a current director or secretary has had a change in their name or residential address. $ ilde{\it F}$	<u>lease</u>		
<u>restate</u>	all information for this director or secretary as of the date of filing this form.			
Type of C	Change			
Name	ne Address			
Original F	Full name in English			
New Full	name in English (if the name has changed)			
Nationali	ity N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only)			
Other nat	tionalities, if applicable			
Gender	Date of birth			
L Mal	le Female / /			
Usual res	sidential address			
	Street number and street name			
	Unit, level, etc. (if applicable)			
	Quarter/City/Township			

State/Region	Country	Postcode (optional)		
Email address (entional but an email is	required to receive petit			
Email address (optional, but an email is	Email address (optional, but an email is required to receive notifications)			
Phone Number (optional, but a phone n	Phone Number (optional, but a phone number is required to receive notifications)			
Date particulars changed for this director or	secretary			
/	/			
dd mm	уууу			
Note: This form must be filed within 28 d		particulars.		
4. Signed by authorised person				
I certify that the information in this form	and any document	attached to this form are true and correct.		
Name:		Signature:		
Name.		Signature.		
Capacity: Director Secretary	Authorised officer			
F. Ladaad b				
5. Lodged by Name:				
Tune.				
Address:		Telephone:		
		Email:		
6. Checklist				
The following must accompany this a	application form—			
The prescribed filing fee.				