



**FORM B SUPPLEMENTARY**

**INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)**  
**SUPPLEMENTARY FORM FOR REGISTRATION OF A PARTNER**

(Section 3)

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS  
 PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS  
 \*INDICATES MANDATORY FIELD

(A)	Partner Details:																															
*TIN:																																
*First Name:																																
*Middle Name:																																
*Surname:																																
Any Former Forename or Surname:																																
*Date of Birth:																																
*Nationality:																																
Occupation:																																
*House/Building/Flat (Name or House No. etc.) /LMB:																																
*Street:																																
*City:																																
*District:																																
*Region:																																
*P. O. Box:																																
PMB/DTD:																																
Mobile Number 1:																																
Mobile Number 2:																																
E-mail address:																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Signature: .....         </div> <div style="width: 45%;">           Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> </div> </div>																							d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y																							

(B)

Declaration  
(for Partners who cannot read or write)

N/B: I ..... of .....(address) hereby  
declare that I have read over the contents of this document to the Partner in the  
.....language and the Partner appeared to understand same before  
thumb printing.

THUMB PRINT  
OF THE  
PARTNER

.....  
(signature)

Date:

d	d	/	m	m	/	y	y