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

Section 51(b), Myanmar Companies Law 2017

Note 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.	For office use only		
Name of overseas corporation			
Registration number issued in Myanmar			
1. Appointment of new director or secretary  Director Secretary  Full name in English			
Turriume in English			
Nationality N.R.C. (for Myanmar citizens) /	Passport (for foreign citizens only)		
Other nationalities, if applicable			
Gender Date of birth  Male Female / /  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)			

Date of ap	pointment as di	rector or secretary					
	/	/					
L	dd	mm	уууу	_			
Note: Thi	is form must be	filed <u>within 28 da</u>	<u>ys</u> of the appo	intment of th	e new directo	or or secretary.	
		or or secretary					
Complete	this section if a p	person has ceased to	o be a director	or secretary fo	or the overseas	s corporation.	
Full name i	n English						
Date perso	on ceased to be	director or secretar	ry				
. г			<u>*</u>	7			
L	/	/					
M. M.		mm	уууу				
Note: Thi	is form must be	filed <u>within 28 da</u>	<u>ys</u> of the cesso	ition of direc	tor or secreta	rry.	
2 Chans	o in nautiaula	us of ovisting div		vataw.			
		rs of existing dir			their name or	residential address.	Please restate all
		or or secretary as of					
Type of Cha	ange						
☐ Name	Address						
Original Ful	II name in English						
New Full na	ame in English (if t	he name has changed	d)				
Nationality				N.R.C. (for My	anmar citizens)	/ Passport (for foreign	n citizens only)
Other natio	onalities, if applica	ble					
Gender		Date of birth					
Male	Female	/		/	]		
water	remaie	,		/			
	ential address						
51	treet number and	street name					
<u>U</u>	Init, level, etc. (if a	pplicable)					
L							
Q F	Quarter/City/Towns	ship					
St	tate/Region		Country	,		Postcode (op	itional)
Γ							

Email address (optional, but an email is required to receive notifications)						
Phone Number (optional, but a phone number is required to reco	eive notifications)					
Date particulars changed for this director or secretary						
/ /						
dd mm yyyy						
Note: This form must be filed within 28 days of the change of	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:					
Capacity: Director Secretary Authorised officer						
5. Lodged by						
Name:						
Address:	Telephone:					
	тегерпопе.					
	Email:					
6. Checklist						
The following must accompany this application form—						
Additional pages as needed to provide the information required by this form, if applicable.						
The prescribed filing fee.						