### **Directorate of Investment and Company Administration**

# Form F-2 | Application to change public company limited by shares to a private company limited by shares

Section 58(a), 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.

#### Current name of public company

#### **Registration number**

# **1.** Required statutory statements concerning proposed change of public company limited by shares to private company limited by shares

A. <u>Special resolution</u>. A special resolution that resolves to change the type of the company, specifying the new type and the company's new name (if a change of name is made), has been duly passed.

| Yes | No |
|-----|----|
|-----|----|

B. <u>Constitution</u>. A special resolution that resolves to amend the company's constitution so as to comply with requirements of the Myanmar Companies Law 2017 for a private company limited by shares has been duly passed.



C. <u>Change in particulars</u>. Any other changes arising in connection with the change of company type to the particulars of the company which are maintained on the Register by the Registrar are set forth in this Application.

| Yes |  | No |  |
|-----|--|----|--|

#### 2. Procedure after filing this Application

Section 58(b) of the Myanmar Companies Law 2017 provides that after filing this Application, the company must give notice in the Gazette and by publication in a daily newspaper circulating generally in the Union that it has filed an application with the Registrar to alter the details of the company's registration to change the company type. Details of these notices must be provided in the Registry using Form F7 - Notice of Gazette Publication.

Section 58(c) of the Myanmar Companies Law 2017 provides that the notice issued by the company under section 58(b) must also state that the Registrar will, if it is satisfied that the application complies with law, alter the details of the company's registration 28 days after the notice has been published in the Gazette, unless an order by the Court prevents it from doing so.

Section 58(d) of the Myanmar Companies Law 2017 states that subject to an order made by the Court within that 28 day period, after the 28 day period has passed, the Registrar must alter the details of the company's registration to change the company type if it is satisfied that the application complies with section 58(a).

Section 58(e) of the Myanmar Companies Law 2017 provides that a change of company type takes effect when the Registrar alters the details of the company's registration to change the company type and the Registrar must give the

| For | office | use | only |  |
|-----|--------|-----|------|--|
|-----|--------|-----|------|--|

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company a new certificate of registration after it alters the details of the company in the register. The company's name is the name specified in the new certificate of registration issued by the Registrar.

#### 3. Proposed new name of company

Note: must have "Limited" or "Ltd." as the last word of its name Proposed name of company in English (required)

Proposed name of company in Myanmar language (optional)

If the proposed name of company is identical to, or closely resembles, the name of a company which is already registered, the name can only be used if the other company is in the course of being dissolved and a copy of the dissolving company's consent is attached to this Application, if applicable.

#### 4. Upon the change the company will be a foreign company:

A "foreign company" means a company incorporated in the Union in which an overseas corporation or other foreign person (or combination of them) owns or controls, directly or indirectly, an ownership interest of more than thirty-five per cent.

Yes

Vec

No

#### 5. Upon the change the company will be a small company:

A "small company" means a company, other than a public company or subsidiary of a public company, which satisfies the following conditions:

(a) it and its subsidiaries have no more than 30 employees (or such other number as may be prescribed under this Law); and

(b) it and its subsidiaries had annual revenue in the prior financial year of less than 50,000,000 Kyats in aggregate (or such other amount as may be prescribed under this Law).

#### 6. Name, address and other information for each director

## By signing this Application, the company affirms that the persons named below are the directors of the company. The company attests that each person named as a director has consented in writing to act in this capacity.

*Notes* 1) *The company must hold evidence of each director's written consent with the company records.* 

2) At least one director must be ordinarily resident in the Union.

3) You <u>must</u> provide the name and address for each director in English. You <u>may</u> also provide the name in Myanmar language.
4) If there are more than 3 directors please submit additional pages with this Application that contain the required information.

5) A copy of each director's national registration card (N.R.C) for Myanmar citizens and passport for foreign citizens <u>must</u> be attached to this Application.

#### A. First director

Full name in English (required)

Former name of this person, if applicable, in English

Full name in Myanmar (optional)

Former name of this person, if applicable, in Myanmar language (optional)

| tionality                                   |  | eign citizens only)                |        |                     |
|---|--|------------------------------------|--------|---------------------|
|   |  |                                    |        |                     |
| er nationalities, if applica                | able                                     |                                    |        |                     |
|   |  |                                    |        |                     |
| ness occupation, if any                     |  |                                    |        |                     |
|   |  |                                    |        |                     |
| der   | Date of birth                            |                                    |        |                     |
| Male Female                                 | /  | /                                  |        |                     |
|   |  |                                    |        |                     |
| al residential address<br>Street number and | for this director in Engl<br>street name | ish (required)                     |        |                     |
|   |  |                                    |        |                     |
|   |  |                                    |        |                     |
| Unit, level, etc. (if a                     | pplicable)                               |                                    |        |                     |
|   |  |                                    |        |                     |
|   |  |                                    |        |                     |
| Quarter/City/Town                           | ship                                     |                                    |        |                     |
|   |  |                                    |        |                     |
| State/Region                                |  | Country                            |        | Postcode (optional) |
|   |  |                                    | ]      |                     |
|   |  |                                    |        |                     |
|   |  |                                    |        |                     |
| Email address (opti                         | onal, but an email is requi              | red to receive notifications)      |        | ]                   |
|   |  |                                    |        |                     |
|   |  |                                    |        |                     |
| Phone Number (op                            | tional, but a phone numbe                | er is required to receive notifica | tions) |                     |
|   |  |                                    |        |                     |
|   |  |                                    |        |                     |

#### B. Second director

Full name in English (required)

Former name of this person, if applicable, in English

Full name in Myanmar (optional)

Former name of this person, if applicable, in Myanmar language (optional)

Nationality

N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only)

Other nationalities, if applicable

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| der   | Date of birth                                 |                                 |   |                     |
|---|---|---------------------------------|---|---------------------|
| ] Male 🗌 Female                             | /   | /                               | ] |                     |
| al residential address<br>Street number and | <b>for this director in En</b><br>street name | glish (required)                |   |                     |
|   |   |                                 |   |                     |
| Unit, level, etc. (if a                     | applicable)                                   |                                 |   |                     |
|   |   |                                 |   |                     |
| Quarter/City/Towr                           | nship   |                                 |   |                     |
| State/Region                                |   | Country                         | F | Postcode (optional) |
|   |   |                                 |   |                     |
| Email address (opt                          | ional, but an email is req                    | uired to receive notifications) |   |                     |
|   |   |                                 |   |                     |
|   |   |                                 |   |                     |

#### C. Third director

| Full name in English (required)   |  |
|-----------------------------------|--|
|                                   |  |
|                                   |  |
|                                   |  |
| Former name of this person, if    | applicable, in English   |
|                                   |  |
|                                   |  |
|                                   |  |
| Full name in Myanmar (optiona     | <u>x1)</u>   |
|                                   |  |
|                                   |  |
| Former name of this person, if    | applicable, in Myanmar language (optional)                           |
|                                   |  |
|                                   |  |
|                                   |  |
| Nationality                       | N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only) |
|                                   |  |
|                                   |  |
|                                   |  |
| Other nationalities, if applicabl | e  |
|                                   |  |
|                                   |  |
|                                   |  |
| Business occupation, if any       |  |
|                                   |  |
|                                   |  |
| Conder                            | an of high   |
| Gender Da                         | ate of birth   |
| Male Female                       |  |
|                                   |  |
| L                                 |  |
|                                   |  |

#### Usual residential address for this director in English (required)

| Street number and street name       |  |                     |
|-------------------------------------|--|---------------------|
|                                     |  |                     |
|                                     |  |                     |
| Unit, level, etc. (if applicable)   |  |                     |
|                                     |  |                     |
|                                     |  |                     |
| Quarter/City/Township               |  |                     |
|                                     |  |                     |
|                                     |  |                     |
| State/Region                        | Country                                      | Postcode (optional) |
|                                     |  |                     |
|                                     |  |                     |
| Email address (optional, but an ema | il is required to receive notifications)     |                     |
|                                     |  |                     |
|                                     |  |                     |
| Phone Number (ontional, but a pho   | ne number is required to receive notificatio |                     |
|                                     | ie number is required to receive notificatio |                     |
|                                     |  |                     |
|                                     |  |                     |

#### 7. Name, address and other information for secretary, if applicable

A company may have a secretary, but this is not required.

#### By signing this Application, the company affirms that the person named below is the secretary of the company. The company attests that the person named as secretary has consented in writing to act in this capacity.

Note: 1) The company must hold evidence of the secretary's written consent with the company records.
2) A copy of the secretary's national registration card (N.R.C) for Myanmar citizens and passport for foreign citizens <u>must</u> be attached to this Application.

Full name in English (required)

Former name of this person, if applicable, in English

Full name in Myanmar (optional)

Former name of this person, if applicable, in Myanmar language (optional)

**Nationality** 

N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only)

Other nationalities, if applicable

Business occupation, if any

Gender

Date of birth

/

— Male Female

/

#### Usual residential address in English (required)

| Street number and street name     |         |                     |
|-----------------------------------|---------|---------------------|
|                                   |         |                     |
|                                   |         |                     |
| Unit, level, etc. (if applicable) |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| Quarter/City/Township             |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| State/Region                      | Country | Postcode (optional) |
|                                   |         |                     |
|                                   |         |                     |
| Email address                     |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| Phone Number                      |         |                     |
|                                   |         |                     |
|                                   |         |                     |

#### 8. Registered office address in English

| Street number and street name     |         |                     |
|-----------------------------------|---------|---------------------|
|                                   |         |                     |
|                                   |         |                     |
| Unit, level, etc. (if applicable) |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| Quarter/City/Township             |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| State/Region                      | Country | Postcode (optional) |
|                                   |         |                     |
|                                   |         |                     |
|                                   |         |                     |

#### 9. Address of principal place of business in the Union in English (if different to registered office)

| Street number and street name     |         |                     |
|-----------------------------------|---------|---------------------|
|                                   |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| Unit, level, etc. (if applicable) |         |                     |
|                                   |         |                     |
|                                   |         |                     |
|                                   |         |                     |
| Quarter/City/Township             |         |                     |
|                                   |         |                     |
|                                   |         |                     |
|                                   | ~       |                     |
| State/Region                      | Country | Postcode (optional) |
|                                   |         |                     |
|                                   |         |                     |
|                                   |         |                     |

#### 10. Share capital

A. Total number of shares of all classes to be issued by the company:



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|------|---|----------|----|--|
| Page | 7 | 0Ť       | 10 |  |

| B. The currency in which the company's share capital is to be denominated: |  |
|--|--|
| (MMK or USD)   |  |

#### C. Does the company have an ultimate holding company?

No

This question only applies if the company has a member which is a corporate entity. "Ultimate holding company", in relation to a body corporate, means a body corporate that is a holding company of the first-mentioned body corporate and is itself not a subsidiary of any body corporate.

#### Name of ultimate holding company

Registration number (if applicable) Jurisdiction of incorporation

Yes

#### D. Share capital structure

| Share class code | Full title of class if not listed in the share class code table below | Total number of shares | Total amount paid on these shares (if applicable) | Total amount unpaid<br>on these shares (if<br>applicable) |
|------------------|---|------------------------|---|---|
|                  |   |                        |   |   |
|                  |   |                        |   |   |
|                  |   |                        |   |   |

The following are standard share codes that may be used to complete the table above. If the company will have a class of shares that does not appear in this table below please enter the full title of the class in the space provided above.

| Share class code | Full title of share class    |
|------------------|------------------------------|
| ORD              | Ordinary                     |
| A                | Class A shares               |
| В                | Class B shares               |
| С                | Class C shares               |
| EMP              | Employee's shares            |
| MGM              | Management shares            |
| RED              | Redeemable shares            |
| PRF              | Preference shares            |
| REDP             | Redeemable-Preference shares |

#### 11. Members

#### Instructions for completing member information

If there is insufficient space please attach additional pages with this Application containing the required information.

#### Number of members

A private company may have no more than fifty (50) members. However-

a) Shares held by employees of the company do not count towards this 50-members limit; and

b) If two or more persons hold shares jointly, they are treated as one member. For joint members, provide the particulars of each person on a separate sheet and indicate that the shares are jointly held.

By signing this Application, the company attests that each person named as a member has consented in writing to act in this capacity and subscribe for the shares to be allotted to them.

#### A. Members that are natural persons

#### i) First member that is a natural person

| ull name in English (requir  | ed)             |                    |                       |                                 |   |
|--|-----------------|--------------------|-----------------------|---------------------------------|---|
|  |                 |                    |                       |                                 |   |
| ıll name in Myanmar lang   | uage (optional) |                    |                       |                                 |   |
|  |                 |                    |                       |                                 |   |
| ationality   |                 | N.R.C. (for Myanma | ar citizens) / Passpo | ort (for foreign citizens only) |   |
|  |                 |                    |                       |                                 |   |
| ther nationalities, if appli   | cable           |                    |                       |                                 |   |
|  |                 |                    |                       |                                 |   |
| Gender   | Date of birth   |                    |                       |                                 |   |
| Male Female  | /               | /                  |                       |                                 |   |
| Address in English (requestion of the second |                 |                    |                       |                                 |   |
|  |                 |                    |                       |                                 |   |
| Unit, level, etc. (if  | applicable)     |                    |                       |                                 |   |
|  |                 |                    |                       |                                 |   |
| Quarter/City/Tow   | vnship          |                    |                       |                                 |   |
|  |                 |                    |                       |                                 |   |
| State/Region   |                 | Country            |                       | Postcode (optional)             | - |
|  |                 |                    |                       |                                 |   |

#### Shareholding details

| Share class code | Full title of class if not listed in the share class code table | Total number<br>of shares | Total amount paid on<br>these shares (if<br>applicable) | Total amount unpaid<br>on these shares (if<br>applicable) |
|------------------|---|---------------------------|---|---|
|                  |   |                           |   |   |
|                  |   |                           |   |   |
|                  |   |                           |   |   |

#### ii) Second member that is a natural person

Full name in English (required)

Full name in Myanmar language (optional)

Nationality

N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only)

| r nationalities, if | applicable          |         |                         |
|---------------------|---------------------|---------|-------------------------|
| nder                | Date of birth       |         |                         |
| Male Fema           | ale /               | /       |                         |
| ddress in English   |                     |         |                         |
| Street numb         | er and street name  |         |                         |
|                     |                     |         |                         |
| Unit, level, e      | cc. (if applicable) |         |                         |
|                     |                     |         |                         |
|                     |                     |         |                         |
| Quarter/City        | /Township           |         |                         |
|                     |                     |         |                         |
|                     |                     |         |                         |
| State/Region        |                     | Country | <br>Postcode (optional) |
|                     |                     |         |                         |
|                     |                     |         |                         |

#### Shareholding details

| Share class code | Full title of class if not listed in the share class code table | Total number<br>of shares | Total amount paid on<br>these shares (if<br>applicable) | Total amount unpaid<br>on these shares (if<br>applicable) |
|------------------|---|---------------------------|---|---|
|                  |   |                           |   |   |
|                  |   |                           |   |   |
|                  |   |                           |   |   |

#### B. Members that are corporate entities

# Name of company Registration number Jurisdiction of incorporation Address in English in home jurisdiction (for entities not registered in the Union) Street number and street name Unit, level, etc. (if applicable) Quarter/City/Township

Country

State/Region

Postcode (optional)

#### Shareholding details

| Share class code | Full title of class if not listed in the share class code table | Total number<br>of shares | Total amount paid on<br>these shares (if<br>applicable) | Total amount unpaid<br>on these shares (if<br>applicable) |
|------------------|---|---------------------------|---|---|
|                  |   |                           |   |   |
|                  |   |                           |   |   |
|                  |   |                           |   |   |

#### 12. Constitution

Where the company proposes to use a constitution which differs in any substantive way from the model constitution, this Application must be accompanied by a copy of the proposed constitution.



Use the model constitution; or Use its own constitution as attached to this Application.

## By signing this Application, the company hereby certifies that the company has attached a true and correct copy of its constitution or otherwise has adopted the model constitution.

#### 13. Signed by authorised person

I certify that the information provided on this form and any document attached to this form are true and correct.

| Name:                        | Signature: |
|------------------------------|------------|
| Capacity: Director Secretary |            |
| 14. Lodged by                |            |
| Name:                        |            |
|                              |            |
|                              |            |
| Address:                     | Telephone: |
|                              | Email:     |

#### 15. Checklist

#### The following must accompany this application form —

| Any additional pages required to supply the information required by this application.                                   |
|---|
| A copy of the N.R.C (for Myanmar citizens) or passport (for foreign citizens) for each director and secretary (if any). |
| If the company will use its own constitution, attach a copy to this application.  |
| If the proposed company name is already in use, attach the dissolving company's consent to this application.            |
| The prescribed filing fee.  |