



Focus Business Services (Malta) Limited

STRAND TOWERS
Floor 2
36 The Strand
Sliema, SLM 1022
P O BOX 84
MALTA

T: +356 2338 1500
F: +356 2338 1111

enquiries@fbsmalta.com

www.fbsmalta.com

FIFTH SCHEDULE

(Regulation 80)

Company No:

CONTENTS AND FORM OF ANNUAL RETURN

ANNUAL RETURN of

.....

.....(name of company)

Date to which this return is made up:

(being the anniversary of the company's date of registration)

1. Address

(Address of the registered office of the company)

This form must be completed in BOLD TYPED FORM

2. Summary of Share Capital and Debentures

All Maltese liri amounts are to be preceded by the symbol Lm. Symbols used for other currencies are to be indicated (where applicable).

Currency	Symbol
.....
.....
.....
.....

(a) **Nominal Share Capital**

Nominal Share Capital divided into:

(insert number and class)

.....	.....	shares of	each
.....	.....	shares of	each
.....	.....	shares of	each
.....	.....	shares of	each

(b) **Issued Share Capital**

	Number	Class	
Number of shares of each class taken up to the date of this return (which number must agree with the total shown on the list as held by existing members).	.....	.....	shares
	.....	.....	shares
	.....	.....	shares
	.....	.....	shares
Number of shares of each class issued as partly paid up and extent to which each such share is so paid up.	issued as paid up to the extent of		
	.....	.....	shares
	issued as paid up to the extent of		
	.....	.....	shares
	issued as paid up to the extent of		
	.....	.....	shares
	issued as paid up to the extent of		
	.....	.....	shares
Number		Class	
Total number of shares of each class forfeited.	.....	.....	shares
	.....	.....	shares
Total amount paid, if any, on shares forfeited. ....	.....	

4. Particulars of Directors

Particulars of the persons who are directors of the company at the date of this return.

Name (in the case of an individual, name or names and surname. In the case of a body corporate, the corporate name)	Nationality	Usual residential address (in the case of a body corporate, its registered office).

Signed.....
Director/ Secretary/Representative