## horizontal line**Business Registration Form**

##### **Business Information**

1. **Business Name:**(Name of the business)
2. **Business Type:**
   * Sole Proprietorship
   * Partnership
   * Corporation
   * LLC
   * Other (Specify)
3. **Business Registration Number:**(If applicable)
4. **Business Address:**
   * Street Address:
   * City:
   * State/Province:
   * Postal Code:
   * Country:
5. **Business Contact Number:**(Include country code)
6. **Business Email Address:**(Official email)

##### **Owner/Representative Information**

1. **Owner’s/Representative’s Name:**(Full Name)
2. **Position in Business:**(e.g., CEO, Owner, Manager)
3. **Contact Number:**(Include country code)
4. **Email Address:**(Your valid email)

##### **Additional Details**

1. **Business Start Date:**(DD/MM/YYYY)
2. **Nature of Business:**(Brief description)
3. **Number of Employees:**(Specify)

##### **Agreement**

* I hereby declare that the information provided is accurate and true.
  + I agree to the terms and conditions.

**Signature:**(Upload or sign)

**Date:**(DD/MM/YYYY)