

Fill in the form on your computer or legibly by hand.
Sign the form and send in the original.

Skickas till | Send to
Bolagsverket
851 81 Sundsvall

1. Filialens organisationsnr |
Registration no. of the branch

Filialens företagsnamn | Business name of the branch

2. Ombud/kontaktperson i detta ärende | Agent/contact person for this matter Remember phone number for easy contact.

Kontaktpersonens förnamn och efternamn First name and surname of the contact person		Företagsnamn Business name	
Postadress Postal address		Postnr Postcode	Postort Post town
E-postadress E-mail address			Telefonnummer dagtid Telephone number daytime

3. Avregistrering | Deregistration

<input type="checkbox"/> Utländska företaget i likvidation eller konkurs The enterprise in the country of origin in liquidation or bankruptcy	Datum för beslut Date of receiving order or liquidation order of the enterprise in the country of origin
<input type="checkbox"/> Verksamheten har upphört The business activities have ceased	Datum för beslut Date of decision
<input type="checkbox"/> Filialen saknar behörig verkställande direktör eller särskild delgivningsmottagare The branch has no authorized managing director or person authorized to receive service of process on record	
<input type="checkbox"/> Borgenären har inte fått full betalning The creditor has not received payment in full	

4. Likvidator för det utländska företaget | Liquidator of the enterprise in the country of origin

Personnummer Personal identity number	Folkbokförd i kommun eller land om bosatt utomlands Registered in the municipality of – or country if resident abroad		
Efternamn Surname		Samtliga förnamn All first names	
Postadress Postal address			
Postnr Postcode	Postort/land Post town/country		

5. Omfattning av behörighet för det utländska företagens likvidator | The authorization of the liquidator of the enterprise in the country of origin

6. Övrigt | Other matters

7. Underskrift | Signature Important! Write in blue ink.

Datum Date	Namnteckning Signature	Namnförtydligande Clarification of name
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Information

Use this form when you want to deregister a branch. The deregistration is free of charge. When the branch has been deregistered we shall send you a certificate of registration in Swedish. More information on www.bolagsverket.se.

1. The registration number and business name of the branch

Fill in the registration number and the business name.

2. Agent/contact person for this matter

Fill in personal and address details if you choose to have a contact person or if the branch has an agent.

3. Deregistration

Mark the reason for the deregistration of the branch. Fill in the date of decision, too.

Submit the annual report

The branch must keep accounting records until the date of deregistration. Submit the annual accounts covering the period from the beginning of the financial year to the date of application for deregistration. If the enterprise in the country of origin is situated within the European Economic Area (EEA) and is the equivalent of a Swedish limited liability company, the final accounting records must be concluded by annual accounts. In these cases only the annual report for the enterprise in the country of origin need to be filed with Bolagsverket. If the enterprise in the country of origin is situated outside the EEA, the annual report for the branch as well as the annual report for the enterprise in the county of origin must be filed with Bolagsverket.

4. Liquidator of the enterprise in the country of origin

Fill in personal and address details for the liquidator of the enterprise in the country of origin.

5. The authorization of the liquidator of the enterprise in the country of origin

Fill in the extent of the authorization of the liquidator of the enterprise in the country of origin.

6. Other matters

Fill in further details here.

7. Signature

Who is to sign the application?

- The enterprise in the country of origin in liquidation or bankruptcy – The application must be signed by the managing director, a deputy managing director, the liquidator, the official receiver in bankruptcy or an authorized representative of the enterprise in the country of origin*.
- The business activities have ceased – The application must be signed by the managing director, a deputy managing director or an authorized representative of the enterprise in the country of origin*.
- The branch has no authorized managing director or person authorized to receive service of process on record – The application must be signed by the managing director, a deputy managing director, an authorized representative of the enterprise in the country of origin* or by the person whose right is dependent on the existence of someone with the authority to represent the branch.
- The creditor has not received payment in full – The application must be signed by the creditor.

* Submit a document verifying the signatory power, for example a certificate of registration or certification from the notary public stating who is authorized to represent the enterprise in the country of origin.