

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. Kontaktperson i detta ärende | Contact person for this matter Remember to fill in 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		Telefonnr. Phone no. daytime	Deposit account no. (3 digits)

2. Företagsnamn | Business name Please leave more than one proposal and vary them as much as possible.

Förslag nr 1 Proposal no. 1 (This name proposal should be stated when paying the registration fee)
Förslag nr 2 Proposal no. 2
Förslag nr 3 Proposal no. 3

3. Företagets adress | Address of the enterprise

Postadress Postal address		
Postnr Postcode	Postort Post town	E-postadress E-mail address
Kommun Municipality		Län County

4. Verksamhet | Business activities Specify the line of business. Please note that the description of the business activities must be in Swedish.

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5. Bolagsmän (delägare) | Partners (part-owners)

Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

6. Registreringsavgift | Registration fee Pay the fee when you submit the application. State your first name proposal when paying

Betalt belopp Amount paid	Datum Date of payment	Betalningsätt Method of payment
		<input type="checkbox"/> Bank giro 5050-0255 <input type="checkbox"/> Plusgiro 95 06 08-0 <input type="checkbox"/> Cheque

Fortsättning 5. Bolagsmän | Continued 5. Partners (part-owners)

Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
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Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnummer	Postort Post town

7. Firmateckning | Signatory power

<input type="checkbox"/> 1) Firman tecknas av bolagsmännen var för sig The partners, individually.	<input type="checkbox"/> 2) Firman tecknas av bolagsmännen gemensamt The partners, jointly.
<input type="checkbox"/> 3) Firman tecknas av bolagsmännen två i förening The partners, any two jointly.	<input type="checkbox"/> 4) Firman tecknas av bolagsmännen tre i förening The partners, any three jointly.
<input type="checkbox"/> 5) Firman tecknas enligt nedan Signatory power as stated below.	
Fyll i eventuell annan firmateckning här If applicable, fill in another alternative of the signatory power here (Please note that the information must be in Swedish)	

8. Övrigt | Other matters

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9. Underskrift | Signature The form must be signed by all the partners. Important: Write in blue ink.

Datum Date	

Namnteckning Signature	Namnförtydligande Clarification of signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information

Use this form when you want to register a new trading partnership; or use the e-service on the website www.verksamta.se (in Swedish only). You will find e-services and more information on www.bolagsverket.se. When the matter has been registered we shall send you a certificate of registration in Swedish.

1. Contact person for this matter

Fill in personal and address details if you choose to have a contact person or if the enterprise has an agent. If the agent has a deposit account with Bolagsverket and wants to use it for payment of the registration fee, you must also fill in the three-digit account number.

2. Business name

State more than one proposal for your business name and vary the proposals. When you submit more than one proposal, we shall try them according to your listed priority. We shall register the first possible proposal to be approved of, without first contacting you.

3. Address of the enterprise

Fill in the address. Remember to fill in the municipality and the county.

4. Business activities

Describe the business activities as detailed as possible. You must be precise regarding the line of business, for example retail business in shoes or consulting business within IT.

5. Partners (part-owners)

Fill in personal and address details of the partners. A foundation or a non-profit association may be a partner if they solemnly declare that they have not been declared bankrupt. Write the declaration in field 8. Other matters.

Attachments, when applicable

- A certified copy of passport or other identification document for each person who is not registered in the Swedish population register.
- A certified copy of certificate of registration, not older than six months, if the person is a foreign legal entity.

Under the age of 18

Individuals from the age of 16, but under 18, may be partners if the legal guardians and the Chief Guardian of the municipality give permission. The permission of the guardians and the Chief Guardian must be included in the application form or enclosed as an attachment.

6. Registration fee

Fill in when and how you have paid the fee. To enable us to match the registration fee with your application you must state the first name proposal when paying. The fee cannot be refunded once we have started the examination of your application.

7. Signatory power

State the signatory power that applies for the enterprise.

8. Other matters

Procurator holder

If the enterprise has a procurator holder, fill in personal and address details in this field. A procurator holder is a person holding a special power of attorney (a power of procurator), and therefore has the right to represent the enterprise in all matters regarding its business activities. A procurator holder cannot be one of the signatories of the enterprise.

Auditor

Fill in the details here, if the enterprise has an authorized or approved auditor. Instead, you may use form no. 944 e, Auditor – sole trader, trading partnership and limited partnerships.

Specially authorized signatories

If the enterprise has appointed a person who is not a partner to be a signatory, fill in personal and address details in this field. You must also fill in the extent of the signatory power for the enterprise in field 7. Signatory power.

Secondary name

If the enterprise is to have a secondary name, you must state name proposals for the secondary name here. Submit more than one name proposal and vary the proposals. Fill in the business activities to be carried out under the secondary name; be exact regarding the line of business. The business activities to be carried out under the secondary name must be a part of the business activities of the enterprise.

9. Signature

All the partners must sign the application form. If you represent a legal entity, write the registration number after the clarification of the signature. The person signing the form thereby insures that the persons to be registered are not in bankruptcy, have not been prohibited from carrying on business or do not have a custodian pursuant to the Parental Code.