

## Form 5D | Annual Statement for Foreign Limited Partnership

01/2025

**General Statement.** Partnerships are governed by Chapter 20, Sections 2001-2014, of Title 12 of the Palau National Code. All general and limited partnerships must file an annual statement that includes the information set out in Section 2001. The form must be submitted on or before June 30 of each year, as of December 31 of the preceding year. Submit the form to: Financial Institutions Commission, Surangel & Sons Building, 2<sup>nd</sup> Floor, Ernguul Road, Ikelau, Koror, Palau. This form must be accompanied by filing fee of \$50.00. A late filing fee will accrue of \$50.00 per month for each month that it is late up to a maximum penalty fee of \$250.00. If you are paying by check, it must be payable to the Palau National Treasury.

**Instructions for this form.** You must use this form to file the annual statement for your partnership. All information must be provided in English and should be typed or printed in legible BLOCK LETTERS. If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information.

**Certification.** This form must be certified by a general partner as correct. It does not require a notarization.

### 1. Identification of foreign limited partnership

**Name of partnership**

**Registration number in Palau**

### 2. Details of General Partners

Were there any changes in the general partners in the preceding year?

Yes  No

If No, you may skip to question 3. If Yes, complete the information below for ALL GENERAL PARTNERS.

**Date of admission of a new general partner(s), if applicable**

NOTE: changes in partners must be reported to the Registrar within 30 days of the change occurring. If you are naming a new partner on this annual statement and that partner was admitted more than 30 days prior to this annual statement, a penalty may apply.

*Instructions if you are adding general partners:*

*Provide the true name and address of each person or entity that is a general partner. The following rules apply:*

- a) If the partner(s) is a natural person, provide their full legal name and other pertinent information in subpart A.*
- b) If the partner is an entity registered in the Republic under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- c) If the partner(s) is an unregistered entity, you must provide the true legal name and type of entity, together the person responsible for the entity as set out in Subpart C.*

#### A. All general partners that are natural persons

**Partner #1:**

**Full name (required in English)**

**Citizenship**

**Other citizenships, if applicable**

**Gender**

Male  Female

**Residential address for Partner 1:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this partner**

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

**Partner #2:**

**Full name (required in English)**

**Citizenship**

**Other citizenships, if applicable**

**Gender**

Male  Female

**Residential address for Partner 2:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this partner**

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

**Partner #3:**

**Full name (required in English)**

**Citizenship**

**Other citizenships, if applicable**

**Gender**

Male  Female

**Residential address for Partner 2:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this partner**

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

*If there are additional partners, attach a separate sheet containing the information set out in the prescribed format. All information should be typed or in BLOCK LETTER format.*

**B. All partners that are registered entities in the Republic of Palau**

**Instruction.** If a partner is a registered corporate entity, complete this section B.

**Exact registered name (required in English)**

**Registration number in the Republic**

**Type of entity**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Palau For-profit Corporation   | <input type="checkbox"/> Palau Nonprofit Corporation   | <input type="checkbox"/> Corporations Sole |
| <input type="checkbox"/> Credit Union                   | <input type="checkbox"/> Cooperative                   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Foreign For-profit Corporation | <input type="checkbox"/> Foreign Nonprofit Corporation |  |

**C. Partners that are unregistered entities in the Republic of Palau**

**Instruction.** If a partner is some other type of entity, complete this section C.

**Exact name of entity (required in English)**

**Type of entity**

**Full name of person responsible for this entity (required in English)**

**Citizenship of person responsible for this entity**

**Other citizenships, if applicable**

**Gender of person responsible for this entity**

Male  Female

**Residential address for person responsible for this entity:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this person**

Street address line 1

Street address line 2

Hamlet

State

Postcode

*If there are additional general partners, attach a separate sheet containing the information set out in the prescribed format. All information should be typed or in BLOCK LETTER format.*

**3. Details of Limited Partners**

Were there any changes in the limited partners in the preceding year?

Yes  No

**If No, you may skip to question 4. If Yes, complete the information below for ALL LIMITED PARTNERS.**

**Date of admission of a new partner(s), if applicable**

NOTE: changes in partners must be reported to the Registrar within 30 days of the change occurring. If you are naming a new partner on this annual statement and that partner was admitted more than 30 days prior to this annual statement, a penalty fee may apply.

*Instructions if you are adding partners:*

*Provide the true name and address of each person or entity that is a limited partner. The following rules apply:*

- a) If the partner(s) is a natural person, provide their full legal name and other pertinent information in subpart A.*
- b) If the partner is an entity registered in the Republic under another law, you must provide the exact registered name and registration number together with the other required information in Subpart B.*
- c) If the partner(s) is an unregistered entity, you must provide the true legal name and type of entity, together the person responsible for the entity as set out in Subpart C.*

**A. All limited partners that are natural persons**

**Partner #1:**

**Full name (required in English)**

**Citizenship**

**Other citizenships, if applicable**

**Gender**

Male  Female

**Residential address for Partner 1:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this partner**

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

**Partner #2:**

**Full name (required in English)**

**Citizenship**

**Other citizenships, if applicable**

**Gender**

Male  Female

**Residential address for Partner 2:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

**If No, provide the mailing address for this partner**

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

**Partner #3:**

Full name (required in English)

Citizenship

Other citizenships, if applicable

Gender

Male  Female

Residential address for Partner 2:

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address? Yes  No

If No, provide the mailing address for this partner

PO Box /Street address line 1

Street address line 2

Hamlet

State

Postcode

*If there are additional partners, attach a separate sheet containing the information set out in the prescribed format. All information should be typed or in BLOCK LETTER format.*

**B. All limited partners that are registered entities in the Republic of Palau**

**Instruction.** If a partner is a registered corporate entity, complete this section B.

Exact registered name (required in English)

Registration number in the Republic

Type of entity



- Palau For-profit Corporation     Palau Nonprofit Corporation     Corporations Sole
- Credit Union     Cooperative     Other \_\_\_\_\_
- Foreign For-profit Corporation     Foreign Nonprofit Corporation

**C. Limited partners that are unregistered entities in the Republic of Palau**

**Instruction.** If a partner is some other type of entity, complete this section C.

**Exact name of entity (required in English)**

**Type of entity**

**Full name of person responsible for this entity (required in English)**

**Citizenship of person responsible for this entity**

**Other citizenships, if applicable**

**Gender of person responsible for this entity**

- Male     Female

**Residential address for person responsible for this entity:**

Street address line 1

Street address line 2

Hamlet

State

Postcode

Email address

Is the residential address the same as the mailing address?    Yes     No

**If No, provide the mailing address for this person**

Street address line 1

Street address line 2

Hamlet

State	Postcode

*If there are additional limited partners, attach a separate sheet containing the information set out in the prescribed format. All information should be typed or in BLOCK LETTER format.*

#### 4. Principal place of business address in the Republic for the limited partnership

Were there any changes in the principal place of business in the preceding year?

Yes  No

**If No, you may skip to question 5. If Yes, complete the information below indicating the new principal place of business address.**

Street address line 1

Streer address line 2 (if needed)

Hamlet

State

Postcode

#### 5. Partnership Business

Provide a short description of the nature of the business conducted by this partnership.

#### 6. Foreign Partner

If any new general partner is a non-citizen or foreign entity, then approval from the Foreign Investment Board is required. Are any new general partners non-Palau citizens/entities?

Yes  No

If you answered Yes, then you must include their FIAC Number in the space below and attach a copy of the certificate to this Registration Statement. If you have applied for an FIB approval but have not yet received it, indicate the date you applied. Foreign persons are not permitted to conduct business in Palau without FIB approval.

FIAC Number or date applied for FIB approval:

#### 7. Signed and certified by a general partner

Form 5D– Annual Statement for foreign limited partnership (continued)

The person signing this Annual Statement hereby certifies that the information in this form is true and correct.

General partner

Name:

Signature:

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Date: