

## Form 6A | Amendment to registration of Palau General Partnership

01/2025

**General Statement.** Partnerships are governed by Chapter 20, Sections 2001-2014, of Title 12 of the Palau National Code. Partnerships should make certain the information maintained on their registration is current and accurate. This form is to be submitted if a change in circumstances renders the registration inaccurate or otherwise misleading.

Submit the form to: Financial Institutions Commission, Surangel & Sons Building, 2<sup>nd</sup> Floor, Ernguul Road, Ikelau, Koror, Palau. There is no fee for this filing if filed in a timely manner.

**Instructions for this form.** You must use this form to file amendment to registration 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 partner as correct. It does not require a notarization.

### 1. Identification of general partnership

#### Name of partnership

#### Registration number

### 2. Details of partners

**This form should be used if an existing partner has changed their name or address. If a new partner was admitted, or if an existing partner withdrew or deceased, you must file Form 4A.**

Were there any changes in the details (such as name or address) of a partner?

Yes  No

If Yes, then supply ALL the information below for the partner that has had a change in their details.

#### A. Partner that is a natural person

##### 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

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

**Instruction.** If the partner is a registered corporate entity and has changed its name, 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 that has had a change in details 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**

**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 partners that have had a change in their details, attach a separate sheet containing the information set out in the prescribed format. All information should be typed or in BLOCK LETTER format.*

**3. Principal place of business address in the Republic for the partnership**

Has the principal place of business changed?

Yes  No

**If No, you may skip to question 4. 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

#### 4. Partnership Business

Has the partnership's business changed?

Yes  No

If yes, provide a short description of the nature of the business conducted by this partnership.

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

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

General partner

Name:

Signature: \_\_\_\_\_

Date: