

**Single Member Company Form 5**

**Regulation 11 (2) (b)**

THE REPUBLIC OF UGANDA  
THE COMPANIES ACT, 2012

**NOTICE OF DEATH OF SINGLE MEMBER**

1. Name of Single Member Company: \_\_\_\_\_

2. Company Number: \_\_\_\_\_

3. Name and former address of the deceased single member: \_\_\_\_\_  
\_\_\_\_\_

4. Date of death of member: \_\_\_\_\_

5. Particulars of the single member

(a) Name: \_\_\_\_\_

(b) Physical address: \_\_\_\_\_

(c) Sex: \_\_\_\_\_

(d) Occupation: \_\_\_\_\_

(e) Age: \_\_\_\_\_

6. Any circumstances leading to impediment:

\_\_\_\_\_  
\_\_\_\_\_

7. Name and address of the nominee/alternate nominee director:

\_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Signature of nominee/alternate nominee director*

