

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

