BUSINESS FORMS
SECOND SCHEDULE
BUSINESS REGISTRATION ACT 2012
(Regulation 3(2)(a))

(reg.3(4))

FORM 1

APPLICATION BY A SOLE PROPRIETOR FOR REGISTRATION OF BUSINESS

PART A

1. Full name of applicant MELIFA NAMATE

Previous Names (if any):

Phone Number +265991402806 **Email** compsoko@gmail.com

2. * National Identification Number WGYEYND

Date of Issue 2017-09-13 **Date of Expiration** 2024-02-24

Date of Birth 1998-02-24

3. Plot Number NA **Locality** Nthiramanja

City/Town **Origin Home: Village** Tambala, next to the food section of the market

T/A Nthiramanja **District** MULANJE

4. Business carried on:

(a) Name under which business is carried on (in order of priority)

1 AMAZING SPOON PORRIDGE

2 MELAUD PORRIDGE

3 GRAINS OF HAPPINESS PORRIDGE

(b) Physical address of place of business

Name of Building NA **Plot Number** NA

House Number NA **Street** NA

Village Tambala, next to SDA church **T/A** Nthiramanja

District MULANJE **Locality** Nthiramanja

(c) Business Postal Address

Postal Code TA Nthiramanja - 308103 **Postal Address** P/Bag 9, Mulanje

Email geraldnamatemelifa@gmail.com **Phone Number** 265888434202

(d) Description and nature of business

Production of soya flour for porridge, C, 10, 106, 1062

(e) Number of employees (or projected)

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(f) Commencement Date

2024-02-01

(g) Do you have an existing Tax Identification Number (TPIN) YES/NO

(h) If YES to (g); TPIN

70515063

CERTIFICATE OF APPLICANT

I COMPSTONE SOKO, declare that the information given in this application is true AND I MAKE this declaration, conscientiously believing the same to be true and by virtue of the Oaths, Affirmations and Declarations Act.

Date 2026-01-14

Signed: compstone