

Business Establishment Requirements Form

Please complete the details below so we can proceed with your company formation.



Client / Company Reference: _____ Date: _____

1. Type of License

☐ Establishment ☐ W.L.L ☐ BPC ☐ BSC Public ☐ BSC Closed ☐ Sijili

If Other, please specify: _____

2. Proposed Company Names

Please list three preferred names in order of priority. Our team will confirm availability with the registrar.

Priority	Proposed Company Name
1st Choice	
2nd Choice	
3rd Choice	

3. Required Business Activities

List all activities the company intends to carry out. This determines the applicable license category.

#	Required Business Activity
1	
2	
3	
4	

4. Share Capital

Please provide the proposed share capital structure for the company.

Total Share Capital (BHD): _____ Number of Shares: _____ Nominal Value per Share (BHD): _____

5. Registered Address Details

Select the option that applies to your company's registered address.

☐ I need a Physical Office Address ☐ I need a Business Center Address
☐ I need an Incubator Address ☐ I already have my own address

If you already have an address, please provide details: _____

Questions while filling this out?

GrowMore Consulting is available to guide you through each field. Reach us at +97339328872.

6. Shareholders, Directors & Authorized Signatories

Complete one block per person and tick every role that applies to them. One person may hold more than one role. Attach a copy of this page if there are more than 3 persons.

PERSON 1			
Full Name			
Passport / CPR No.		Nationality	
Contact Number		Email	
Education		Marital Status	
Role(s)	☐ Shareholder / Partner	☐ Director	☐ Authorized Signatory
No. of Shares Held		Position (if Director)	
Signing Authority Level	☐ Sole ☐ Joint ☐ Limited (specify): _____		

PERSON 2			
Full Name			
Passport / CPR No.		Nationality	
Contact Number		Email	
Education		Marital Status	
Role(s)	☐ Shareholder / Partner	☐ Director	☐ Authorized Signatory
No. of Shares Held		Position (if Director)	
Signing Authority Level	☐ Sole ☐ Joint ☐ Limited (specify): _____		

PERSON 3			
Full Name			
Passport / CPR No.		Nationality	
Contact Number		Email	
Education		Marital Status	
Role(s)	☐ Shareholder / Partner	☐ Director	☐ Authorized Signatory
No. of Shares Held		Position (if Director)	
Signing Authority Level	☐ Sole ☐ Joint ☐ Limited (specify): _____		

7. Client Acknowledgement & Signature

I confirm that the information provided in this form is true, complete and accurate to the best of my knowledge, and I authorize GrowMore Consulting to proceed with the company formation on this basis.

Name: _____ Signature: _____ Date: _____