

Fill in the form on your computer or legibly by hand. Sign the form and send the original.

More information on page 5.

Skicka till | Send to

Bolagsverket

SE-851 81 Sundsvall, Sweden

1. Organisationsnummer och företagsnamn | Registration number and company name

Organisationsnr Registration number	Företagsnamn Company name
---------------------------------------	-----------------------------

2. Kontaktuppgifter i ärendet | Contact information for this case

Fill in your email address and telephone number so we can contact you easily.

Kontaktpersonens för- och efternamn First name and surname of the contact person		Företagsnamn Business name	
Postadress Postal address		Postnr Postcode	Postort Town/City
E-postadress Email address		Telefonnr Phone no. daytime	Deposit account, if any, 3 digits

3. Anmälan gäller | Application regarding

<input type="checkbox"/> Företagets adress, flyttning inom länet Address of the partnership, moving within the county	<input type="checkbox"/> Företagets adress, flyttning till annat län Address of the partnership, moving to another county	<input type="checkbox"/> Företagets e-postadress Email address of the partnership	<input type="checkbox"/> Företagsnamn Business name
<input type="checkbox"/> Särskilt företagsnamn Secondary business name	<input type="checkbox"/> Verksamhet Business activities	<input type="checkbox"/> Komplementärer General partners Kommanditdelägare Limited partners Prokurister Procurement holders Externa firmatecknare Specially authorized signatories Firmateckning Signatory power	<input type="checkbox"/> Revisorer Auditors Revisorssuppleanter Deputy auditors Revisionsbolag Accounting firm Huvudansvarig revisor Auditor in charge
<input type="checkbox"/> Bolagsmännens adress Address of the partners	<input type="checkbox"/> Revisors adress Address of the auditors	<input type="checkbox"/> Andra ändringar Other changes	

4. Företagets nya adress | New address of the partnership

Postadress Postal address	
Postnr Postcode	Postort Town/City
Kommun Municipality	Län County
E-postadress Email address	
<input type="checkbox"/> Ta bort e-postadressen Remove registered email	

5. Nytt företagsnamn | New business name

Give more than one proposal.

Förslag nr 1 Proposal no.1
Förslag nr 2 Proposal no.2

6. Särskilt företagsnamn | Secondary business name, if applicable

An extra business name is for a part of the business activities.

Förslag nr 1 Proposal no.1
Förslag nr 2 Proposal no.2

7. Ändring av verksamhet | Business activities

Specify the line of business. Please note that the description of the business activities must be in Swedish.

<input type="checkbox"/> Ny verksamhet New business activities	
<input type="checkbox"/> Tillägg till registrerad verksamhet Addition to the registered business activities	

8. Verksamhet för särskilt företagsnamn | Business activities under the secondary business name

Must be a part of the business activities under the main business name. Fill in the business activities in Swedish.

--

9. Personer/revisionsbolag som har avgått från sina uppdrag | Individuals or accounting firms that have resigned from their assignments

Namn Name	Uppdrag t.ex. kommanditdelägare, revisor Assignment eg limited partner, auditor		

10. Komplementärer | General partners

Do not fill in personal details for partners remaining in the partnership unless their details have been changed.

Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land (om bosatt utomlands) Country (if resident abroad)		
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names		
Postadress Postal address	Postnr Postcode	Postort Town/City	
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land (om bosatt utomlands) Country (if resident abroad)		
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names		
Postadress Postal address	Postnr Postcode	Postort Town/City	

11. Kommanditdelägare | Limited partners

Do not fill in personal details of partners remaining in the partnership unless their details have been changed. Remember to fill in the invested amount.

Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City

11. Kommanditdelägare | Limited partners (continued)

Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City
Personnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land Country (if resident abroad)	Insats Amount invested in SEK
Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City

12. Prokurist eller extern firmatecknare | Procurement holder or specially authorized signatory, if appointed

Uppdrag (prokurist eller extern firmatecknare) Assignment (procuration holder or specially authorized signatory)		
Personnummer Personal identity number (date of birth, if resident abroad)	Land (om bosatt utomlands) Country (if resident abroad)	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City

13. Revisor | Auditor, if appointed

Personnummer Personal identity number	Land (om bosatt utomlands) Country (if resident abroad)	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City

14. Revisorssuppleant | Deputy auditor, if appointed

Personnummer Personal identity number	Land (om bosatt utomlands) Country (if resident abroad)	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Town/City

15. Revisionsbolag | Accounting firm, if appointed

Namn, revisionsbolaget Business name of the accounting firm		Organisationsnummer Registration number	
Postadress Postal address		Postnr Postcode	Postort Town/City
Huvudansvarig revisor Auditor in charge			
Personnummer Personal identity number		Land (om bosatt utomlands) Country (if resident abroad)	
Efternamn Surname		Samtliga förnamn All first names	
Postadress Postal address		Postnr Postcode	Postort Town/City

16. Firmateckning | Signatory power

Must always be filled in when changes of general partners and specially authorized signatories have taken place.

<input type="checkbox"/> 1) Firmateckningen kvarstår Signatory power is unchanged.	<input type="checkbox"/> 2) Firman tecknas av komplementären The general partner alone, is entitled to sign on behalf of the partnership.
<input type="checkbox"/> 3) Firman tecknas av komplementärerna var för sig The general partners, individually, are entitled to sign on behalf of the partnership.	<input type="checkbox"/> 4) Firman tecknas av komplementärerna gemensamt The general partners, together, are entitled to sign on behalf of the partnership.
<input type="checkbox"/> 5) Firman tecknas av komplementärerna två i förening The general partners, any two together, are entitled to sign on behalf of the partnership.	<input type="checkbox"/> 6) Firman tecknas av komplementärerna tre i förening The general partners, any three together, are entitled to sign on behalf of the partnership.
<input type="checkbox"/> 7) Firman tecknas enligt nedan Signatory power is as stated below.	

Fyll i eventuell annan firmateckning här | If applicable, fill in another alternative for the signatory power here. Please note that the information must be in Swedish.

17. Övrigt | Other matters

--

**18. Underskrift | Signature, please use blue ink**

The form must be signed by all the new and remaining general and limited partners.

Datum Date	
Namnteckning Sign name	Namnförtydligande Print name

Registreringsavgift | Registration fee

We will send a notification to the contact person for this case with information about the registration fee and how to pay it. We can start processing your application when we have received the payment.

Information

Use this form when you want to change registered information for a limited partnership, or use the e-service on the website verksam.se (in Swedish only). If you want to change the business from a limited partnership into a trading partnership, use form Change form of business, number 909 e. You will find e-services and more information on bolagsverket.se. When the application has been registered we will send you a registration certificate in Swedish.

1. Registration no. and business name

Fill in the company registration number and business name.

2. Contact information for this case

Fill in the contact information for this case. Please note that we usually send notifications by email.

If the contact person has a deposit account with Bolagsverket and wants to use it for payment of the registration fee, you must also fill in the three-digit account number.

3. Application regarding

Tick the boxes for the changes you want to notify us of.

4. The new address of the partnership

Please note that you must always change your address with Bolagsverket. If you want post sent to your old address to reach your new one, you can also report a change of address and request forwarding via Svensk Adressändring Aktiebolag.

Fill in the new address as well as the email address, if any. If you want to remove the registered email address, please tick the box.

5. New business name

State more than one proposal for your business name. If you submit more than one proposal, we will examine them in the order you have listed them in. We will register the first proposal we examine that we are able to accept, without first contacting you. Read more about choosing a business name on bolagsverket.se.

6. Secondary business name

State more than one proposal for the secondary business name.

7. Business activities

Describe the business activities in as much detail as possible. You must be precise regarding the line of business, such as retail sale of shoes or consulting business within IT.

8. Business activities under the secondary business name

Fill in the business activities to be carried on under the secondary business name. Be precise when defining the line of business. The business activities under the secondary business name must be a part of the business activities of the partnership.

9. Individuals or accounting firms that have resigned from their assignments

Fill in the names and positions of the individuals or the accounting firms that have resigned. If it is an accounting firm that has resigned, remember to also fill in the details of the auditor in charge.

10-11. General partners and limited partners

Fill in the personal and address details of the newly appointed general and limited partners. For individuals who do not have a Swedish personal identity number you must fill in their birth

date (YYYY-MM-DD). If the individual is not registered in the Swedish population register, you must fill in their country of residence. Fill in the amount invested by the limited partners. The amount must be in Swedish kronor or Euros. If you want to change the address of a general or limited partner, you use this box as well.

A limited partnership must have at least one general partner. Individuals and legal entities may be general partners and limited partners. Foundations or non-profit associations may not be general partners, even though they may be legal entities. A foundation or a non-profit association may be a limited partner if they solemnly declare that they are not bankrupt. Write the declaration in box 17. Other matters.

Attachments, when applicable

- A certified copy of their passport for each person who is not registered in the Swedish population register.*
- A certified copy of the certificate of registration, not older than six months, if the person is a foreign legal entity.

Under the age of 18

Individuals older than 16, but younger than 18, may be partners if the legal guardians and the Chief Guardian of the municipality give their consent. The consent of the guardians and the Chief Guardian must be included in the application form or enclosed as an attachment.

12. Procuration holder or specially authorized signatory

If the partnership has a procuration holder, fill in their personal and address details in this box. A procuration holder is a person holding a special power of attorney (a power of procuration), and therefore has the right to represent the partnership in all matters regarding its business activities. A procuration holder cannot be one of the signatories of the partnership.

If the partnership has appointed a person to be a signatory, fill in their personal and address details in this box. A general or limited partner cannot be a signatory. You must also fill in the extent of the signatory power for the partnership in box 16. Signatory power.

13–15. Auditor

If the partnership has an auditor, fill in their details here. The limited partnership needs a authorized auditor if it fulfils the conditions for being a larger company. If at least one of the partners is a legal entity and if the partnership fulfils certain conditions, it also needs to have a authorized or approved auditor. For more information, go to bolagsverket.se.

16. Signatory power

State the signatory power that applies for the partnership.

17. Other matters

Fill in extra information here, if applicable.

18. Signature

All new and remaining general and limited partners must sign the form. If you represent a legal entity, write the company registration number after the printed name of the signature. The person signing the form thereby insures that the individuals to be registered are not in bankruptcy, have not been prohibited from carrying on business and do not have a custodian as stated in the Swedish Parental Code.

* The copy must contain name, date of birth, validity dates, signature and photo. Copy the whole double-page spread in the passport containing the photo page. If the signature is on a separate page you must also attach a certified copy of that double-page spread. At least one other person must sign the copy to certify that it matches the original. Their signature, printed name and telephone number must be included on the copy.