

Fill in the form on your computer or legibly by hand.
 Sign the form and send in the original.
 When the matter has been registered we shall
 send you a certificate of registration (in Swedish).

Skickas till | Send to
Bolagsverket
 851 81 Sundsvall

1. Org. nr | Registration no. Företagsnamn | Business name

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2. Anmälan gäller | Application regarding

<input type="checkbox"/> Företagsnamn Business name	<input type="checkbox"/> Bifirma Secondary name	<input type="checkbox"/> Företagets adress vid flyttning inom länet Address of the enterprise, moving within the county	<input type="checkbox"/> Företagets adress vid flyttning till annat län Address of the enterprise, moving to another county
<input type="checkbox"/> Företagets e-postadress E-mail address of the enterprise	<input type="checkbox"/> Verksamhet Business activities	<input type="checkbox"/> Bolagsmän Partners Prokurister Procuration holders Externa firmatecknare Other signatories Firmateckning Signatory power	<input type="checkbox"/> Revisorer Auditors Revisorssuppleanter Deputy auditors Revisionsbolag Accounting firm Huvudansvarig revisor Principally responsible auditor
<input type="checkbox"/> Bolagsmännens postadress Postal addresses of the partners	<input type="checkbox"/> Revisors postadress Postal address of the auditor	<input type="checkbox"/> Andra ändringar Other changes	

3. Kontaktperson | Contact person for this matter Remember to fill in the phone number so that we may easily contact you.

Kontaktpersonens förnamn och efternamn First and surname of the contact person		Eventuellt företagsnamn Possible business name
Kontaktpersonens postadress Postal address of the contact person		Kontaktpersonens e-postadress E-mail address of the contact person
Postnr Postcode	Postort Post town	Telefonnummer dagtid Phone number daytime

4. Nytt företagsnamn | New business name Please leave more than one proposal and vary them as much as possible.

Förslag nr 1 Proposal no. 1
Förslag nr 2 Proposal no. 2
Förslag nr 3 Proposal no. 3

5. Bifirma | Secondary name if applicable. An extra business name for a part of the business activities. Vary the proposals.

Förslag nr 1 Proposal no. 1
Förslag nr 2 Proposal no. 2
Förslag nr 3 Proposal no. 3

6. Företagets nya adress | The new address of the enterprise

Postadress Postal address		
Postnr Postcode	Postort Post town	E-postadress E-mail address
Kommun Municipality		Län County

7. Registreringsavgift | Registration fee

Pay the fee at the same time as you send the form to Bolagsverket. To enable us to match the fee with your application you must state your registration number when paying. The fee cannot be refunded once we have started the examination of your application.

Avgiften betald, datum Date of payment	Betalt belopp Amount paid	Betalningssätt Method of payment <input type="checkbox"/> Bank giro 5050-0255 <input type="checkbox"/> Plusgiro 95 06 08-0 <input type="checkbox"/> Cheque
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8. 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	

9. Bifirmans verksamhet | Business activities under the secondary name Must be a part of the business activities under the main business name. Fill in the business activities in Swedish.

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10. Bolagsmän (delägare) | Partners (part-owners) Do not fill in personal details for partners remaining in the partnership unless their details have been changed.

Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
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Postadress Postal address	Postnr Postcode	Postort Post town
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Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town
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Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
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Postadress Postal address	Postnr Postcode	Postort Post town
Personnummer/organisationsnummer Personal identity number/registration number	Folkbokförd i kommun Registered in the municipality of	
Efternamn/registrerat företagsnamn Surname/if legal entity, registered business name	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

11. Prokurist eller extern firmatecknare | Procurement holder or other persons authorized to sign on behalf of the enterprise. If appointed

Uppdrag (prokurist eller extern firmatecknare) Assignment (procurement holder or other persons authorized to sign on behalf of the enterprise)		
Personnummer Personal identity number	Folkbokförd i kommun Registered in the municipality of	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

12. Revisor | Auditor Need not always be reported for registration.

Personnummer Personal identity number	Folkbokförd i kommun Registered in the municipality of	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

13. Revisorssuppleant | Deputy auditor If appointed.

Personnummer Personal identity number	Folkbokförd i kommun Registered in the municipality of	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

14. Revisionsbolag | Accounting firm If appointed.

Namn, revisionsbolaget Business name of the accounting firm	Organisationsnummer Registration number	
Postadress Postal address	Postnr Postcode	Postort Post town
Huvudansvarig revisor Principally responsible auditor		
Personnummer Personal identity number	Folkbokförd i kommun Registered in the municipality of	
Efternamn Surname	Samtliga förnamn All first names	
Postadress Postal address	Postnr Postcode	Postort Post town

15. Personer som har avgått från sina uppdrag | Persons who have resigned from their assignments

Namn Name	Uppdrag t.ex. bolagsman, revisor Assignment, e.g. partner, auditor

16. Firmateckning | Signatory power Must always be filled in when changes of partners have taken place.

<input type="checkbox"/> 1) Firmateckningen kvarstår Signatory power unchanged.	<input type="checkbox"/> 2) Firman tecknas av bolagsmännen var för sig The partners, individually.
<input type="checkbox"/> 3) Firman tecknas av bolagsmännen gemensamt The partners, jointly.	<input type="checkbox"/> 4) Firman tecknas av bolagsmännen två i förening The partners, any two jointly.
<input type="checkbox"/> 5) Firman tecknas av bolagsmännen tre i förening The partners, any three jointly.	<input type="checkbox"/> 6) Firman tecknas enligt nedan Signatory power as stated below.

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

17. Övrigt | Other matters

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18. Underskrift | Signature

The form must be signed by all the partners, both new and remaining partners. Important: Write in blue ink.

Datum Date	
Namnteckning Signature	Namnförtydligande Clarification of signature

Information

Use this form when you want to change registered information for a trading partnership; or use our e-service Företagsregistrering, www.foretagsregistrering.se (in Swedish only). If you want to transform the trading partnership to a limited partnership, use form no. 909 e Change form of business enterprise. You will find e-services and more information on www.bolagsverket.se.

1. Registration no. and business name

Fill in the registration number and business name.

2. Application regarding

Tick off the boxes for the changes you want to report to us.

3. Contact person for this matter

Fill in personal and address details if you choose to have a contact person.

4. New business name

State more than one proposal for your business name and vary the proposals. When you submit more than one proposal, we shall try them according to your listed priority. We shall register the first possible proposal to be approved of, without first contacting you.

5. Secondary name

State more than one proposal for the secondary business name and vary the proposals.

6. The new address of the enterprise

Fill in the new address in this field. Remember to state the municipality and the county. Please note that you must always report the change of the address both directly to Bolagsverket and with Svensk Adressändring.

7. Registration fee

Fill in when and how you have paid the fee.

8. Business activities

Describe the business activities as detailed as possible. You must be precise regarding the line of business, for example retail business in shoes or consulting business within IT.

9. Business activities under the secondary name

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

10. Partners (part-owners)

Fill in personal and address details of the partners. A foundation or a non-profit association may be a partner if they solemnly declare that they have not been declared bankrupt. Write the declaration in field 17. Other matters. If you only want to change the address of a partner, make use of this field as well.

Attachments to be enclosed, when applicable:

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

Under the age of 18

Individuals from the age of 16, but under 18, may be partners if the legal guardians and the Chief Guardian of the municipality give their permission. The permission of the guardians and the Chief Guardian must be included in the application form or enclosed as an attachment.

11. Procuration holder or other persons authorized to sign on behalf of the enterprise

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

If the enterprise has appointed a person who is not a partner to be a signatory, fill in personal and address details in this field. You must also fill in the extent of the signatory power for the enterprise in field 16. Signatory power.

12–14. Auditor

Fill in the details here, if the enterprise has an auditor. The enterprise needs a qualified auditor if at least one of the partners is a legal entity or if the trading partnership fulfils the conditions for being a larger enterprise. For more information, see Section 1 of the Auditing Act (1999:1079) and Article 6, Section 1, para. 3 and 6 of the Book-keeping Act (1999:1078)

15. Persons who have resigned from their assignments

Fill in name and assignment of the persons who have resigned.

16. Signatory power

State the signatory power that applies for the enterprise.

17. Other matters

Fill in further details here, if applicable.

18. Signature

All newly elected and remaining partners must sign this application form. If you represent a legal entity, write the registration number after the clarification of the signature.