Form D-1 Particulars of directors and secretary Section 189(c), Myanmar Companies Law 2017	
Section 165(C), Wydninar Companies Law 2017	
Note If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.	For office use only
Name of company	
Registration number	
1. Appointment of director(s) or alternate director(s) Complete this section if a new director or alternate director has been appointed. of the date of the change.	This form must be filed <u>within 28 days</u>
Note: Identity documents for new directors (a copy of the national registration car copy of the passport for foreign citizens) must be attached to this form.	d (N.R.C) for Myanmar citizens and a
A. First director or alternate director	
Is this person a director or alternate director?	
Director Alternate director	
Date of appointment as director or alternate director	
dd mm yyyy	
Full name in English (required)	
Former name of this person, if applicable, in English	
Full name in Myanmar (optional)	
Former name of this person, if applicable, in Myanmar language (optional)	
Nationality N.R.C. (Myanmar citizens)	/ Passport No. (foreign citizens only)
Other nationalities, if applicable	
Business occupation, if any	

Gender		Date of birth					
Male	Female	/	/				
Hsual resid	dential address	for this director in English	(required)				
	reet number and		- (required)				
U	nit, level, etc. (if a	applicable)					
Q	uarter/City/Town	ıship					
 St	ate/Region		Country			Postcode (optional)	
L	:			::+:\			
	naii address (opti	ional, but an email is required	to receive notif	ications)			
	ana Number (an	tional but a phone number i	c required to rec	oivo notific	nations)		
PI	none Number (op	itional, but a phone number is	s required to rec	eive notini	cations)		
B. Second	l director or al	Iternate director					
		r or alternate director?					
Direct	or Alterna	ate director					
			livostov				
Date of a	ppointment as	s director or alternate d	irector				
	/	/					
Full name i	dd n English (require	mm yy	уу				
- un name n	r English (require	<u></u>					
F		Manager to the first					
Former nan	ne of this person,	, if applicable, in English					
Full name i	n Myanmar (optio	onal)					
Former nan	ne of this person,	, if applicable, in Myanmar la	inguage (optiona	al)			
Nationality				N.R.C. (My	anmar citizens) / Pass	port No. (foreign citizens	only)
Other natio	nalities, if applica	able	l				
Rusiness on	cupation, if any						
ט פאווופאט 00	cupation, II ally						

Gender		Date of birth					
Male	Female	/		/			
					J		
	idential address Street number and	for this director in En	glish (require	d)			
	on eet mannber and	. street name					
[Jnit, level, etc. (if	applicable)					
	, , (approduct,					
	Quarter/City/Tow	nship					
	····						
	State/Region		Country			Postcode (or	 otional)
	-mail addrass (ant	ional but an amailis roo	uired to receive	notifications)			
	emaii address (opi	ional, but an email is req	juired to receive	notifications)			
[Phone Number (o _l	otional, but a phone num	ber is required	to receive notif	fications)		
A. <u>First c</u>		the date of the chang	_	<u>fice</u>			
Date of I	birth			Date persor	n ceased to be	a director or alto	ernate director
	/	/		,	/	/	
Was this	person a dire	ctor or alternative d	irector?				
Direc	ctor Altern	ate director					
B. <u>Secon</u>	d Director or A	Alternate Director ce	easing to hole	d office			
Full nam	e in English						
Date of	birth			Date persor	n ceased to be	a director or alt	ernate director
	/	/		,	/	/	
Was this				•			

3. Change in particulars of existing Director(s)

Complete this section if a current director or alternate director has had a change in their personal details (such as an address change). <u>Please restate all information for this director as of the date of filing this form.</u> This form must be filed <u>within 28 days</u> of the date of the change.

s this person a director or alternate director?
Director Alternate director
Date of particulars changed for this director or alternate director
dd mm yyyy
Full name in English (required)
Former name of this person, if applicable, in English
Full name in Myanmar (optional)
Former name of this person, if applicable, in Myanmar language (optional)
Nationality N.R.C. (Myanmar citizens) / Passport No. (foreign citizens only)
Other nationalities, if applicable
Business occupation, if any
Gender Date of birth
Male Female /
Usual residential address for this director in English (required)
Street number and street name
Heit Level etc (Secontice ble)
Unit, level, etc. (if applicable)
Quarter/City/Township
Quartery city, rownship
State/Region Country Postcode (optional)
state, hegion
Email address (optional, but an email is required to receive notifications)

Phone Number (o	ptional, but a phone n	number is required t	o receive notifi	cations)		1
4. Appointment of so Complete this section is appointment.		has been appoir	ited. This fo	rm must be filed	within 28 days of the	e date of the
Note: An identity docu					ard (N.R.C) for Myanı	mar citizens
Date of appointment a	as secretary					
/		/				
dd	mm	уууу				
Full name in English (requir	·ed)					
Former name of this person	n, if applicable, in Eng	lish				
Full name in Myanmar (opt	ional)					
Former name of this person	n if applicable in My	anmar language (on	tional)			
Torner name or and person	<u>., appcab.c.,, c</u>	armar language (op	dional,			
Nationality			N.R.C. (My	/anmar citizens) / P	assport No. (foreign citize	ens only)
Other nationalities, if appli	cable					
Business occupation, if any						
Gender	Date of birth					
Male Female			/			
			,			
Usual residential addres Street number an		ed)				1
Unit, level, etc. (if	applicable)					1
Quarter/City/Tow	nship					
						J
State/Region		Country			Postcode (optional)	

Dhana Niumhar	
Phone Number	
essation of secretary	secretary for the company. This form must be filed within 28
ne date of cessation.	secretary for the company. This form must be filed within 28
name in English	
e of birth	Date person ceased to be a secretary
/ /	/ /
d mm yyyy	dd mm yyyy
ne date of the change.	f <u>the date of filing this form.</u> This form must be filed <u>within 28</u>
e of particulars changed for the secretary	
dd mm yyyy	
dd mm yyyy name in English (required)	
ner name of this person, if applicable, in English	
er name of this person, if applicable, in English	
ner name of this person, if applicable, in English name in Myanmar (optional)	
	ge (optional)
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar languag	
name in Myanmar (optional)	ge (optional) N.R.C. (Myanmar citizens) / Passport No. (foreign citizens only)
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar languag	
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar languag	
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar languag	
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar language onality onality r nationalities, if applicable	
name in Myanmar (optional) ner name of this person, if applicable, in Myanmar language onality onality r nationalities, if applicable	

	dress in English (required)		
Street number	er and street name		
Unit, level, et	tc. (if applicable)		
Quarter/City	/Township		
State/Region	Country	Postcode (optional)	
State, Region	Country	- Steede (optional)	
Email addres	s		
LPhone Numb	er		
7. Signed by auth	norised person		
		¬	
Name:		Signature:	
Capacity: Dire	ctor Secretary		
8. Lodged by			
Name:			
Address:		Telephone:	
		Email:	
9. Checklist			
The following mu	ust accompany this form—		
└── Copie:	s of N.R.C or passport of newly appointment o	lirector(s), alternate director(s) or secretary.	
L Additi	onal pages that are required to provide the in	formation required by this form, if applicable.	
The p	rescribed filing fee.		