


 Fill in the form on your computer or legibly by hand. Sign the form and send in the original. **More information on page 3.**

Skicka till | Send to

Bolagsverket

SE-851 81 Sundsvall, Sweden

1. Kontaktperson | Contact person for this case Fill in your email address and telephone number so we can contact you easily.

Kontaktpersonens förnamn 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 number daytime	Deposit account, if any, 3 digits

2. Företagets adress | Address of the partnership

Postadress Postal address		
Postnr Postcode	Postort Town/City	E-postadress Email address
Kommun Municipality		Län County

3. Företagsnamn | Business name Give more than one proposal.

Förslag nr 1 Proposal no.1 (This name proposal should be stated when paying the registration fee)
Förslag nr 2 Proposal no.2
Förslag nr 3 Proposal no.3

4. Verksamhet | Business activities Specify the line of business. Please note that the description of the business activities must be in Swedish.

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5. Komplementärer | General partners with unlimited liability

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

6. Kommanditdelägare | Limited partners with limited liability. Remember to fill in the invested amount.

PerPersonnr/org.nr Personal identity no./Registration no. (date of birth, if resident abroad)	Land (om bosatt utomlands) 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

Fortsättning 6. Kommanditdelägare | Continued 6. Limited partners with limited liability. Remember to fill in the invested amount.

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

7. Firmateckning | Signatory power

<input type="checkbox"/> 1) Firman tecknas av komplementären The general partner, alone, is entitled to sign on behalf of the partnership.	<input type="checkbox"/> 2) Firman tecknas av komplementärerna var för sig The general partners, individually, are entitled to sign on behalf of the partnership.
<input type="checkbox"/> 3) Firman tecknas av komplementärerna gemensamt The general partners, together, are entitled to sign on behalf of the partnership.	<input type="checkbox"/> 4) 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"/> 5) 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"/> 6) 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.

8. Övrigt | Other matters

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9. Underskrift | Signature The form must be signed by all the general and limited partners. Please use blue ink.

Datum Date	

Namnteckning Sign name	Namnförtydligande Print name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Registreringsavgift | Registration fee Pay the fee to bank giro number 5050-0255.

Betalt belopp Amount paid	Datum Date of payment	
_____	_____	

Register beneficial ownership information within four weeks

All new limited partnerships must register beneficial ownership information with Bolagsverket within four weeks from their date of registration. Go to bolagsverket.se for more information.



Information

Use this form when you want to register a new limited partnership or use the e-service on the website verksam.se (in Swedish only). 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. Contact person for this case

If you choose to have a contact person or if the partnership has an agent, fill in their personal and address details. Please note that we usually send notifications by email. If you do not fill in an email address, we will send notifications by post.

If the agent 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.

2. Address of the partnership

Fill in the address. Remember to fill in the municipality and the county.

3. Business name

Give 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.

4. 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.

5 and 6. General partners and limited partners

Fill in the personal and address details of the general partners and the limited partners. Fill in the amount invested by the limited partners. The amount must be in Swedish kronor or Euros.

A limited partnership must have at least one general partner and at least one limited partner. Individuals or 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 8. Other matters.



Attachments, when applicable

- A certified copy of their passport for each person who is not registered in the Swedish population register. 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. 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.
- 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.

7. Signatory power

State the signatory power that applies for the partnership.

8. Other matters

Procurator holder

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

Auditor

If the partnership has an authorized or approved auditor, fill in their details here.

Specially authorized signatory

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 7. Signatory power.

Secondary business name

If the partnership is to have a secondary business name, you must state name proposals for the secondary business name here. Submit more than one name proposal. Fill in the business activities to be carried out under the secondary business name and be exact regarding the line of business. The business activities to be carried out under the secondary business name must be a part of the business activities of the partnership.

9. Signature

All the general and limited partners must sign the form. If you represent a legal entity, write the company registration number after the printed name in 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 or do not have a custodian as stated in the Swedish Parental Code.

10. Registration fee

Please state the amount you will pay and the payment date. Pay the fee to bank giro number 5050-0255 and give your first business name proposal as the payment reference. We can start processing your application when we have received the payment. We cannot refund the payment once we have begun processing your case.