

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

Skickas till | Send to
Bolagsverket
851 81 Sundsvall

1. Anmälan gäller | Application regarding

<input type="checkbox"/> Registrering av en gruppering som ska ha sitt säte i Sverige Registration of a grouping with its registered office in Sweden	<input type="checkbox"/> Registrering av en gruppering som har huvudkontor eller avdelningskontor men inte sitt säte i Sverige Registration of a grouping which has its main office or branch office but not its registered office in Sweden.
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2. Kontaktperson i detta ärende | Contact person for this matter Remember to fill in phone number for easy contact.

Kontaktpersonens förnamn och efternamn First name and surname of the contact person		Företagsnamn Business name	
Postadress Postal address		Postnr Postcode	Postort Post town
E-postadress E-mail address		Telefonnr Phone no. daytime	Deposit account no. (3 digits)

3. Företagsnamn | Business name Please leave more than one proposal and vary them as much as possible.

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. Företagets adress | Address of the enterprise

Postadress Postal address		
Postnr Postcode	Postort Post town	E-postadress E-mail address

5. Registreringsort och registreringsnummer | Place of registration and registration number

Registreringsort Place of registration	Registreringsnummer Registration number
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6. Medlemmar | Members May be legal entities.

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

7. Registreringsavgift | Registration fee Pay the fee when you submit the application. State your first name proposal when paying.

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

Fortsättning 6. Medlemmar | Continued 6. Members

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

8. Företagsledare | Business manager

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
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

9. Särskild delgivningsmottagare | Person authorized to receive service of process

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

10. Firmateckning | Signatory power Must be filled in if more than one person is authorized to sign on behalf of the grouping.

<input type="checkbox"/> Grupperingen tecknas av företagsledarna var för sig The business managers, individually, are entitled to sign on behalf of the grouping.	<input type="checkbox"/> Grupperingen tecknas av företagsledarna gemensamt The business managers, jointly, are entitled to sign on behalf of the grouping.
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11. 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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12. Tiden för grupperingens bestånd | The duration of the grouping The duration must be filled in if not indefinite.

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13. Övrigt | Other matters

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14. Bevittnad namnteckning för den särskilda delgivningsmottagaren | Signature and certification of signature of the person authorized to receive service of process

Namnteckning Signature	Namnförtydligande Clarification of signature
Ovanstående namnteckning bevitnas av två personer The above signature certified by two persons	
Namnteckning Signature	Namnförtydligande Clarification of signature
Namnteckning Signature	Namnförtydligande Clarification of signature

15. Försäkran och underskrift | Declaration and signature The form must be signed by all the members. Important: Write in blue ink.

I hereby declare that	
- The mentioned members have not been declared bankrupt and they have not been prohibited from carrying on business.	
Datum Date	
Namnteckning Signature	Namnförtydligande Clarification of signature
Företagsledare Business manager	
I hereby declare that	
- I have not been declared bankrupt and I do not have a custodian according to Article 11, section 7 of the Parental Code.	
- The person authorized to receive service of process does not have a custodian according to Article 11, section 7 of the Parental Code.	
Datum Date	
Namnteckning Signature	Namnförtydligande Clarification of signature
Ovanstående namnteckningar bevitnas av två personer The above signature certified by two persons	
Namnteckning Signature	Namnförtydligande Clarification of signature
Namnteckning Signature	Namnteckning Clarification of signature

Information

Use this form when you want to register a new European economic interest grouping (EEIG). When the matter has been registered we shall send you a certificate of registration in Swedish. You will find more information on www.bolagsverket.se.

Attachment

- Certified copy of the grouping's contract in Swedish.

1. Application regarding

State the alternative you want to report for registration.

2. Contact person for this matter

Fill in personal and address details if you choose to have a contact person or if the enterprise has an agent. 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.

3. 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.

4. Address of the enterprise

Fill in the address as well as the e-mail address, if any.

5. Place of registration and registration number

Fill in the place of registration and registration number. Only to be filled in by groupings with the head office or branch office in Sweden.

6. Members

Fill in personal and address details of the members. Even a legal person may be a member. In that case you must fill in the legal person's registration number and business name.

7. Registration fee

Fill in when and how you have paid the fee. To enable us to match the registration fee with your application you must state the first name proposal when paying. The fee cannot be refunded once we have started the examination of your application.

8. Business manager

Fill in personal and address details of the business managers.

9. Person authorized to receive service of process

A grouping with its registered office in Sweden must report a person authorized to receive service of process for registration, if none of the business managers of the grouping are resident (domiciled) in Sweden. Fill in personal and address details of the person authorized to receive service of process.

10. Signatory power

State the signatory power that applies for the enterprise.

11. 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.

12. The duration of the grouping

The duration of the grouping must be filled in if not indefinite.

13. Other matters

Fill in other details here, for example if the enterprise has special provisions stipulated in the contract.

14. Signature and certification of signature of the person authorized to receive service of process

The person authorized to receive service of process must sign the form and the signature must be certified by two persons.

15. Declaration and signature

All the members must sign the application form; their signatures must be certified by two persons.