

# Form 9A

## COMPANIES ACT OF DOMINICA

### Consent to act as director of a company

#### Person presenting this form

Name	
Address	
Telephone	
e-mail	

Company number

*(Leave blank for a new company)*

#### Company name

#### Director

Title	
Surname	
Forenames	
Gender (M/F)	
National Insurance number	
Occupation	
Address	

Date of appointment (DD/MM/YY)    *(Leave blank for a new company)*

- I consent to act as director of the company named above

Signed \_\_\_\_\_

Date \_\_\_\_\_