

Coordinated register notification

Section 1 – Form for Norwegian registered foreign business enterprise (NUF)

for registration in the Central Coordinating Register for Legal Entities, the Register of Business Enterprises, the Value Added Tax Register, NAV's Aa register, The Central Register of Establishments and Enterprises, Statistics Norway and the Corporate Taxation Data Register

1. Submitter/person liable for the fee

The submitter will be addressed as the recipient of feedback relating to the case, and will be invoiced when the entity is registered in the Register of Business Enterprises.

Name/business name		Brønnøysund Register Centre customer number	
P.O Box, street, house number or place		Telephone number	Telefax number
Postal code	Postal District	Case reference/attention for submitter	

2. The notification concerns

<input type="checkbox"/> 2.1 Entity not previously registered (entity without own organization number)	<input type="checkbox"/> 2.2 Changes/new information (only fill in the fields related to the change)	<input type="checkbox"/> 2.3 Striking off the entity
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3. Registration in Norway

Tick: Yes No

3.1 Is the entity subject to be registered in the Register of Business Enterprises? There is a fee for the registration.			→ See the guidelines on the obligation/ right to register in the Register of Business Enterprises.
3.2 Are the business revenues subject to VAT regulations?			→ If yes, submit section 2 of the form when the lower limit has been reached. See separate guidelines for section 2.
3.3 Does the entity have or is expecting to have employees?			} → If yes, more information will be sent to you.
3.4 Is the entity currently paying or plans to pay wages to others than employees subject to the payroll tax pursuant to section 23-2 of the National Health Insurance Act?			
3.5 Does the entity have or expect to have business activities at several addresses in Norway?			

Information on the business entity in the country of origin

4. Name/business name in the country of origin

4.1 Complete name of the entity/business name	Organization no. in Norway (fill in if assigned)
4.2 New name/business name (if changed)	For internal use only by the Brønnøysund Register Centre

5. Head office address in country of origin (business address/office address)

Street, building number or place			
Postal code and Postal District		Country	
Telephone number	Telefax number	Mobile telephone number	Website

6. Postal address in the country of origin

Post box, street, building number or place	E-mail address
Postal code and Postal District	Country

7. Entity formation

State the date when the entity was formed	Date	Year
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8. The entity's articles of association in force

Only to be filled in if the entity is to be registered or is registered in the Register of Business Enterprises	Date	Year
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To reduce the number of forms business enterprises have to fill in, the information provided in this form may be used fully or in part by other public agencies authorized to collect the same information, pursuant to sections 5 and 6 of the Act relating to the Register of the Reporting Obligations of Enterprises. Information on coordination of information may be obtained from the Register of the Reporting Obligations of Enterprises or the Central Coordinating Register for Legal Entities on telephone +47 75 00 75 00.

9. Share capital in a limited company

(Only to be filled in if the entity is a limited company and is to be registered in the Register of Business Enterprises)

Entity's share capital

Paid-up share capital

10. Type of entity in the country of origin

(State the official designation of the type of entity (organization form) in the country of origin and tick the box for the type of liability)

Type of entity (organization form)

Limited liability

Unlimited liability

Shared liability

Sole proprietorship

11. Registration in the country of origin (State the name and address of the business register where the entity is registered)

11.1 Name

Address

Country

11.2 State the entity's registration number/ID number in the country of origin

12. Ownership

Tick: Yes No

Is the entity wholly owned by Norwegian nationals or Norwegian business enterprises?

13. Business operations

Tick: Yes No

Does the entity exclusively operate business in Norway?

14. Owner, board, partners and other information in the country of origin (Attach documentation, see the guidelines)

State the **owner's** name, address and **national identification number/D number (11 digits)**. See the guidelines. **Only applies to sole proprietorships.**

State the **board of directors** and /or fully **liable partners** with names, addresses and **dates of birth**.

Business enterprises with shared liability must state the proportion of liabilities in per cent or fractions.

You **must** enter any additional information related to election of the board of directors in the field for special information.

For new registrations and changes of the board of directors, partners and other information you must state all the members

National identification no./D no. (11 digits)/org. no. | Name/business name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code and postal district

National identification no./D no. (11 digits)/org. no. | Name/business name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code and postal district

National identification no./D no. (11 digits)/org. no. | Name/business name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code and postal district

National identification no./D no. (11 digits)/org. no. | Name/business name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code and postal district

Other remarks

Owner	Chairperson of the board	Deputy chairperson of the board	Member of the board	Deputy member of the board	Partner	Proportion of liability	Special information

Tick the column for the correct role

You may use a separate attachment if you need more space than provided in the field.

15. Other remarks/information from the country of origin

Here you state information about dissolution, opening of bankruptcy proceedings, composition with creditors or similar procedures relating to the entity.

Information about the entity's operations in Norway

16. Name in Norway

16.1 Complete name of the entity/business name

16.2 New name/business name (if changed)

17. Address in Norway (business address/office address)

The entity has no business premises in Norway. (See Field 19.)

Street, building number or place

Postal code

Postal district

Municipality

Telephone number

Telefax number

Mobile telephone number

Website

18. Postal address in Norway

Post box, street, building number or place

E-mail address

Postal code

Postal district

Municipality

19. Norwegian representative

If the entity is VAT registered and **does not have** its own business premises in Norway, it **must** submit the name of a Norwegian representative. If the representative is a legal person, you must also enter the name of a contact person in Field 20.

Organization no./National Identification number (11 digits) | Name/business name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code

Postal district

I confirm that I have assumed the role as the Norwegian representative (signature). Confirmation can also be given in a separate attached declaration from the Norwegian representative.

20. General manager, contact person or business manager

If the entity does not have a general manager or business manager, enter the name of a contact person below.

If the business manager is a legal person, you must also enter the name of a contact person for the entity.

Foreign nationals without a Norwegian national identification number must apply for/enter a D number. See the guidelines.

General manager

National identification no./D no. (11 digits)

Name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code

Postal district

Contact person

National identification no./D no. (11 digits)

Name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code

Postal district

Business manager

National identification no./D no. (11 digits)

Name (persons must state their name as follows: given name, middle name, family name)

Address

Postal code

Postal district

21. Type of business/trade

Provide as accurate a description as possible of the enterprise's type of business/trade. If the entity is operating within several lines of business, each one should be listed in order of importance, e.g. in terms of revenue/manpower.

	If notifying of changes to the business/trade, state the date when the change came into effect.	
	Date	Year

22. Signature (attach documentation)

Note that authorization to sign for the entity cannot be limited to only applying to the business operations in Norway

The signature is authorization to act and sign on behalf of the entity in business matters.

If a natural person(s) or entity has been empowered to sign for the business enterprise, the name, address, national identification number/D number (11 digits), or organization number must be stated. If several persons or entities have the right to sign for the entity, it must be stated whether they have this right jointly or separately. Restrictions beyond this cannot be registered. If there is a later change, all the persons or entities empowered to sign must be stated.

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23. Procuration (attach documentation)

Note that procuration authority cannot be limited to only applying to the business operations in Norway

Procuration is authorization similar to the signature, but is not as comprehensive. If procuration has been assigned to natural persons, the name, address, national identification number/D number (11 digits), or organization number must be stated. If several persons or entities have procuration authority, it must be stated whether they have the right jointly or separately. Restrictions beyond this cannot be registered. If there is a later change, all the persons or entities empowered must be stated.

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24. Auditor (must be approved by The Financial Supervisory Authority of Norway).

Organization no. 	Name/business name	
Address	Postal code	Postal district
I hereby confirm that I have accepted the assignment as auditor (signature). Confirmation may also be provided by a separate attached declaration.		
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25. Accountant (must be approved by The Financial Supervisory Authority of Norway).

Organization no. 	Name/business name	
Address	Postal code	Postal district
I hereby confirm that I have accepted the assignment as accountant (signature). Confirmation may also be provided by a separate attached declaration.		
.....		

26. Board of Directors in Norway (attach documentation, see the guidelines)

Here you enter the separate board of directors for the entity in Norway. Foreign nationals without a Norwegian national identification number must apply for/enter a D number (11 digits). See the guidelines.

For entities with employee representation on the board you must indicate this by entering the letter "D" for elected by employees in the field for special information.

		Chairman of the board	Deputy chairman of the board	Member of the board	Deputy member of the board	Observer	Special information
For new registrations and changes in the board of directors, you must state all the members		Tick the column for the correct role					
National identification no./D no. (11 digits)/org. no. 	Name/business name (persons must state their name as follows: given name, middle name, family name)						
Address	Postal code and postal district						
National identification no./D no. (11 digits)/org. no. 	Name/business name (persons must state their name as follows: given name, middle name, family name)						
Address	Postal code and postal district						
National identification no./D no. (11 digits)/org. no. 	Name/business name (persons must state their name as follows: given name, middle name, family name)						
Address	Postal code and postal district						
National identification no./D no. (11 digits)/org. no. 	Name/business name (persons must state their name as follows: given name, middle name, family name)						
Address	Postal code and postal district						
National identification no./D no. (11 digits)/org. no. 	Name/business name (persons must state their name as follows: given name, middle name, family name)						
Address	Postal code and postal district						
Other remarks							
You may use a separate attachment if you need more space than provided in the field.							

27. Other remarks/information

This field is for information about own resignation or special striking off from the Register of Business Enterprises.

28. Requested type of written language

Bokmål (One of the two written standards of the Norwegian language.) Nynorsk (The other of the two written standards of the Norwegian language.)

29. Signatures

The notification must always be signed by either the board of directors, a person with the authority to sign for the entity, general manager, business manager or contact person registered in the Central Coordinating Register for Legal Entities.

The notification to the Register of Business Enterprises must be signed by a person with the authority to sign for the entity or the person under the obligation to submit notification. Those under the obligation to submit notification are the members of the board of directors of the Norwegian entity. If no such board of directors exists, the general manager of the Norwegian entity must sign the notification.

We hereby confirm that the submitted information is correct.

Date

Year

Signature(s)

Repeat using capital letters

**Ensure that the required attachments have been included.
See the guidelines for the list of required attachments.**

The Brønnøysund Register Centre
The Central Coordinating Register for Legal Entities
Post Box 900
8910 Brønnøysund

www.brreg.no
firmapost@brreg.no

Electronic registration:
www.altinn.no

A complete overview of forms with belonging guidances:
<http://www.brreg.no/blanketter/blankettoversikt.html>

Coordinated register notification

Section 2 – Supplement for the Value Added Tax Register (VAT register)

This form must be filled in by those who are under the obligation to register in the VAT Register. The notification must be submitted when turnover and withdrawal of goods or services revenues that are covered by the VAT Act have exceeded the monetary limit. This form must also be filled in when making an advance registration, voluntary registration and in the event of termination, closing down or sale of an entity undertaking business or trade that is required to pay VAT. The notification must be submitted to the Tax Office or the Central Coordinating Register for Legal Entities.

NOTE! There is no need to submit Section 2 before the turnover etc. has exceeded the monetary limit.

1. Name/business name

State the organization number if such a number has been assigned by the Central Coordinating Register for Legal Entities. (If an organization number has not been assigned, Section 1 of the form must also be filled in.)

Name/business name	Organization number
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Telephone number (will only be used by the Tax Office)

2. Notification of business activity that is covered by the VAT Act (to be submitted when the monetary limit has been reached)

<input type="checkbox"/> Start of business activity covered by the VAT Act	<input type="checkbox"/> Termination of business activity covered by the VAT Act	Fill in Field 9
<input type="checkbox"/> Change. Fill in the fields to be changed	<input type="checkbox"/> Restart of business activity you have operated earlier	Previous organization number
<input type="checkbox"/> Purchase/takeover of active business entity	<input type="checkbox"/> Sale/transfer of business activity	Fill in Field 8
Applicable from: (Must be filled in)	Date	Year

3. Information on turnover (attach invoice copies/documentation)

Has your turnover (sale) of goods/services, including VAT withdrawals, exceeded NOK 50 000 in the course of 12 months? (For charities and philanthropic institutions and organizations a higher limit of NOK 140 000 applies.)

Yes, NOK 50 000 Yes, NOK 140 000 From: Date Year Applying for backdated VAT settlement

Budgeted exempted turnover and withdrawal first year:

<input type="checkbox"/> Export and turnover outside the geographical VAT area	NOK	<input type="checkbox"/> Other exemptions, Section 6-5 to 6-20 of the VAT Act	NOK
<input type="checkbox"/> Publications	NOK		
<input type="checkbox"/> Budgeted turnover exempted from the VAT Act first year	NOK	<input type="checkbox"/> Planned purchases first year	NOK
<input type="checkbox"/> Application for advance registration, see the guidelines	From: Date	Year	Purchases made. Attach invoice copies. NOK
When is the monetary limit expected to be reached?	Date	Year	Budgeted annual turnover/withdrawal where VAT is required the first year after the monetary limit is expected to be reached NOK
When is the business enterprise expected to turn a profit?	Date	Year	

4. Special registration

Application to register:

Pursuant to Section 2-2 (2). Part of the business enterprise is separated physically and formally, including the fact that it has its own accounts, and you wish to submit VAT returns for the separated part of the enterprise.

Pursuant to Section 2-2 (3). Applying for joint registration of two or more cooperating entities.

5. Voluntary registration

Certain types of entities may register on a voluntary basis in the VAT Register even if the entity is not covered by the VAT Act.

Forest road association Tenancy Rental of buildings and facilities Construction of water and sewage facilities

To reduce the number of forms business enterprises have to fill in, the information provided in this form may be used fully or in part by other public agencies authorized to collect the same information, pursuant to sections 5 and 6 of the Act relating to the Register of the Reporting Obligations of Enterprises. Information on coordination may be obtained from the Register of the Reporting Obligations of Enterprises or the Central Coordinating Register for Legal Entities on telephone +47 75 00 75 00, or from the tax office +47 800 80 000 or +47 22 07 70 00

6. Bank account number

The bank account number of the VAT registered entity.
This will be used for any repayment of VAT.

Account number

7. Acquisition/takeover of a business enterprise covered by the VAT Act

Previous owner:

Organization number

Name/business name

Address

Postal code

Postal district

Have the stocks/operating equipment/assets been taken over without paying VAT? Yes No

State the acquisition price: NOK

8. Sale/takeover of business enterprise covered by the VAT Act

New owner:

Organization number

Name/business name

Address

Postal code

Postal district

Have the stocks/operating equipment/assets been sold/transferred without paying fees? Yes No

State the selling price: NOK

9. Operating equipment/goods when terminating a business enterprise required to pay VAT

Withdrawn for own use Sales value:

NOK

VAT required? Yes, state term/year: No

Not sold/transferred Book value:

NOK

Will assets remaining from the business enterprise be sold or withdrawn for own use after today's date? Yes No

Estimated value:

NOK

10. Miscellaneous questions

Trading form for fish: Only through sales association Only to others than sales association Both

Shared fishing with owned equipment: Yes No

The business enterprise is: The only earned income Main earned income Sideline

Is the business enterprise operated in your own name/on your own accounts? Yes No

Do you have several clients/principals? Attach copies of invoices/contracts. Yes No

Are you liable to clients/principals for the financial and professional work that is carried out? Yes No

Is the business enterprise operated from permanent premises (office/workshop/other)? Yes No

Are you using your own operating equipment (for example vehicles)? Yes No

Are special permits/licences required to operate the business enterprise? If yes attach a copy. Yes No

11. Authorization to sign VAT returns; paper format

Must be filled in if the business enterprise has authorized others than the owner to sign the VAT returns.

National identification no (11 digits) | Name

Sample signature (signature)

Address

Postal code

Postal district

Telephone number

The VAT returns form must be submitted to: Entity Accountant Auditor

Tick here if you are applying to submit VAT returns once annually (annual turnover less than NOK 1 000 000).
Applications arriving too late will not be granted, see the guidelines.

We wish to submit the VAT returns on paper by the internet (www.altinn.no)
NOTE - internet authorizations are given through www.altinn.no

12. Other (special information - attach a separate sheet if necessary)

13. Signature by the person(s) responsible

Date

Signature

Name in capital letters

Date

Signature

Name in capital letters

NOTE - If Sections 1 and 2 are submitted together, you must also sign Section 1.