

Coordinated register notification

Form for Norwegian registered foreign business enterprise (NUF)

for registration in the Central Coordinating Register for Legal Entities, the Register of Business Enterprises, NAV Aa register, The Business Register of Statistics Norway and the Corporate Taxation Data Register

1. Submitter/person liable for fee		
The person or entity submitting the form will receive the feedback related to the case, and will receive any invoice connected to the registration in The Central Coordinating Register for Legal Entities/The Register of Business Enterprises		
Name		Brønnøysund Register Centre customer number
P.O. Box, street, house number or place		Telephone number
Postal code	Postal district	Country
Case reference/attention for submitter		

2. The notification concerns		
<input type="checkbox"/> 2.1 Enterprise not previously registered (enterprise without own registration 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 an enterprise

3. Registration in Norway		
	Tick: Yes No	
3.1 Is the enterprise subject to be registered in the Register of Business Enterprises?	<input type="checkbox"/>	→ 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?	<input type="checkbox"/>	→ If the answer is yes, see www.skatteetaten.no
3.3 Does the enterprise have or is expecting to have employees in Norway?	<input type="checkbox"/>	

4. Information about the business in the country of origin	
Business name in the country of origin	
4.1 Complete name of the business	Organisation number in Norway (fill in if assigned)
4.2 New business name if any	For internal use only by the Brønnøysund Register Centre

5. Head office address in the country of origin		
Street, building number or place		
Postal code and Postal district		Country
Telephone number	Mobile phone number	Website

6. Postal address in the country of origin	
P.O. Box, street, building number or place	Email address
Postal code and Postal District	Country

7. Formation of the enterprise			8. The enterprise's articles of association in force		
Enter the date of the formation of the enterprise	Date	Year	Only to be filled in if the enterprise is to be registered or is registered in the Register of Business Enterprises	Date	Year

9. Share capital in a limited company (Only to be filled in if the enterprise is a limited company and is to be registered in the Register of Business Enterprises)

The enterprise's share capital	Paid-up share capital
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10. Type of organisation in the country of origin

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

Type of organisation			
<input type="checkbox"/> Limited liability	<input type="checkbox"/> Unlimited liability	<input type="checkbox"/> Shared liability	<input type="checkbox"/> Sole proprietorship

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

11.1 Name	
Address	Country
11.2 State the enterprise's registration number/ID number in the country of origin	

12. Ownership

Is the enterprise wholly owned by Norwegian nationals or Norwegian businesses?	Tick:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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13. Business operations

Does the enterprise exclusively operate business in Norway?	Tick:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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14. Owner, board, partners and other information in the country of origin (Attach documentation, see 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 and/or fully liable partners with names, addresses and dates of birth.

Businesses 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 in the field for special information.

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

		Owner	Chair of the board	Deputy chair of the board	Board member	Deputy member of the board	Partner	Proportion of liability	Special information
		Tick the column for the correct role							
National ID number (11 digits)/organisation number.	Name/Business name (persons must state their name: first name, middle name, family name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address	Postal code	Postal district							
National ID number (11 digits)/organisation number.	Name/business name (persons must state their name: first name, middle name, family name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address	Postal code	Postal district							
National ID number (11 digits)/organisation number.	Name/business name (persons must state their name: first name, middle name, family name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address	Postal code	Postal district							
National ID number (11 digits)/organisation number.	Name/business name (persons must state their name: first name, middle name, family name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address	Postal code	Postal district							

Other remarks

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

16. Information about the enterprise's operations in Norway
Name in Norway
16.1 The enterprise's complete business name in Norway
16.2 New business name in Norway, if any

17. Address in Norway (business address/visiting address)			
<input type="checkbox"/> The enterprise has no premises in Norway (See field 19.)			
Street, building number or place			
<table border="1"> <tr> <td>Postal code</td> <td>Postal district</td> <td>Country</td> </tr> </table>	Postal code	Postal district	Country
Postal code	Postal district	Country	
<table border="1"> <tr> <td>Telephone number</td> <td>Mobile phone number</td> <td>Website</td> </tr> </table>	Telephone number	Mobile phone number	Website
Telephone number	Mobile phone number	Website	

18. Postal address in Norway			
P.O box, street, building number or place	Email address		
<table border="1"> <tr> <td>Postal code</td> <td>Postal district</td> <td>Municipality</td> </tr> </table>	Postal code	Postal district	Municipality
Postal code	Postal district	Municipality	

19. Norwegian representative			
Enterprises subject to VAT which are without a permanent business address in Norway must register a Norwegian representative. This does not apply for businesses residing in an EEA state with which Norway has an agreement for the exchange of information and mutual assistance with the collection of VAT claims. If the representative is a legal person, you have to register a contact person as well in field 20.			
<table border="1"> <tr> <td>Organisation no./National ID no. (11 digits)</td> <td>Name/business name (persons must state their name: first name, middle name, family name)</td> </tr> </table>	Organisation no./National ID no. (11 digits)	Name/business name (persons must state their name: first name, middle name, family name)	
Organisation no./National ID no. (11 digits)	Name/business name (persons must state their name: first name, middle name, family name)		
<table border="1"> <tr> <td>Address</td> <td>Postal code</td> <td>Postal district</td> </tr> </table>	Address	Postal code	Postal district
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 enterprise does not have a general manager og business manager, enter the name of a contact person below.																					
If the business manager is a legal person, you must also enter a contact person for the enterprise																					
Foreign nationals without a Norwegian national identification number must apply for/enter a D number. See the guidelines.																					
<table border="1"> <tr> <td rowspan="2">General manager</td> <td>National identification no./d-number (11 digits)</td> <td colspan="2">Name</td> </tr> <tr> <td>Address</td> <td>Postal number</td> <td>Postal district</td> </tr> <tr> <td rowspan="2">Contact person</td> <td>National identification no./d-number (11 digits)</td> <td colspan="2">Name</td> </tr> <tr> <td>Address</td> <td>Postal number</td> <td>Postal district</td> </tr> <tr> <td rowspan="2">Business manager</td> <td>National identification no./d-number (11 digits)</td> <td colspan="2">Name</td> </tr> <tr> <td>Address</td> <td>Postal number</td> <td>Postal district</td> </tr> </table>	General manager	National identification no./d-number (11 digits)	Name		Address	Postal number	Postal district	Contact person	National identification no./d-number (11 digits)	Name		Address	Postal number	Postal district	Business manager	National identification no./d-number (11 digits)	Name		Address	Postal number	Postal district
General manager		National identification no./d-number (11 digits)	Name																		
	Address	Postal number	Postal district																		
Contact person	National identification no./d-number (11 digits)	Name																			
	Address	Postal number	Postal district																		
Business manager	National identification no./d-number (11 digits)	Name																			
	Address	Postal number	Postal district																		

21. Activity/branch

Provide as accurate a description as possible of the activity which is or will be carried out in Norway, or the basis for the registration in Norway. If the enterprise is operating within several lines of activities, each one must be listed in order in terms size of turnover or employment.

Upon a change of activity/branch, please state the date when the change came into effect.

Date

Year

22. Signature rights (attach documentation)

Note that authorisation to sign for the enterprise cannot be limited to only apply to the business operations in Norway.

The signature right is an authorisation to act and sign on behalf of the enterprise in business matters.

If natural persons or enterprises have been empowered to sign for the business, the name, address, national identification number/d-number (11 digits), or organisation number must be stated. If several persons or enterprises have the right to sign for the enterprise, 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 enterprises empowered to sign must be stated.

23. Procuration

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

Procuration is an authorisation 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) must be stated. If several persons have procuration authority, 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 empowered must be stated.

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

25. Accountant (must be approved by The Financial Supervisory Authority of Norway)			
Organisation number		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 in Norway (attach documentation, see the guidelines)						
<p>Enter the board and/or partners with full liability with name, address and birth date. Businesses with shared liability must state the proportion of liabilities in per cent or fractions.</p> <p>You must enter any additional information related to election of the board in the field for special information.</p> <p>For new registrations and changes of the board, partners and other information, you must state all the members</p>						<div> <div>The chair of the board</div> <div>Deputy chair of the board</div> <div>Board member</div> <div>Deputy board member</div> <div>Observer</div> <div>Special information</div> </div>
						Tick the column for the correct role
National ID number (11 digits)/organisation number.	Name/business name (persons must state their name as: first name, middle name, family name)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address		Postal code		Postal district		
National ID number (11 digits)/organisation number.	Name/business name (persons must state their name as: first name, middle name, family name)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address		Postal code		Postal district		
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Address		Postal code		Postal district		
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Address		Postal code		Postal district		
Other remarks						
<p>You may use a separate attachment if you need more space than provided in the field.</p>						

27. Other remarks

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

28. Notification addresses for public administration. Note! Have to be entered for new enterprises.

Fill in only one notification address in each field. Public administration will be using the notification addresses to notify the enterprise whenever new and important information is available in Altinn. The information will only be available for public authorities

Email address:

Mobile phone number:

29. Signatures

If the notification only relates to the Central Coordinating Register for Legal Entities, it must be signed by the board, the signatory, general manager, business manager or another contact person.

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

We hereby confirm that the submitted information is correct.	Date	Year	
Signature(s)	Repeat using capital letters		

Please ensure that the required attachments have been included. See the guidelines.

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

www.brreg.no

Electronic registration:
www.altinn.no