

If you need help completing this form, please contact us

Complete in BLOCK CAPITALS and return to us

(1) ABOUT THE CONTACT PERSON (typically the person completing this form)

Title (e.g. Mr, Mrs, Ms, Doctor)

Family Name

First and Other Names

Any Former Names

Occupation

Provide information about your business and professional experience

Passport Number

Date of Birth

Nationality

Place of Birth

Home Email

Office Email

Home Telephone

Office Telephone

Home Facsimile

Office Facsimile

Mobile

Office Website

Permanent Home Address

City

State / County

Post Code / Zip Code

Country

Office Details

Company Name

Position Held

Address

City

State / County

Post Code / Zip Code

Country

(2) ABOUT THE PROPOSED COMPANY

Jurisdiction (e.g. Seychelles,)

PROPOSED COMPANY NAME

First Choice

Alternative One

Alternative Two

Have you selected this company name from our Shelf Company List?

Yes

☐

No

☐

PURPOSE OF COMPANY - tick the appropriate box(es)

Investment

☐

Trading

☐

Consultancy

☐

Property

☐

Expatriate Salary

☐

Other

☐

To assess your application, we need detailed information about what the Company will be used for.

GEOGRAPHY OF PROPOSED BUSINESS

Provide detailed information about where the Company will trade. Please list both regions and countries.

HOW WILL THE COMPANY BE FUNDED? (Tick the box)

Personal Funds of the Owners

☐

First Trading Invoice

☐

Bank Loan

☐

Other Institutional Loan

☐

Corporate Loan

☐

Other

☐

To comply with our statutory duties to prevent money laundering, we must know how the Company will be funded. Please describe the source of the funds that will be used to finance the Company. Attach any supporting documentation.

(3) ABOUT THE EXPECTED TURNOVER OF THE COMPANY

Estimated Annual Turnover	*
How much start up capital will be invested into the business?	*
Estimated number of transfers into the Company's bank account per month	*
Estimated value of transfer into the Company's bank account per month	*
Estimated number of transfers out of the Company's bank account per month	*
Estimated value of transfer out of the Company's bank account per month	*
* Please indicate the currency quoted in full	

(4) BENEFICIAL OWNERS, SHAREHOLDERS AND DIRECTORS

Please provide details of who will be the beneficial owner, shareholder and director of the Company. Please complete **Appendix A** for each person to be appointed except for the Contact Person.

Do you require Professional Director Services? Yes ☐ No ☐

Please insert "YES" to appropriate boxes below

Names	Director	Owner	Nominee Services	Number or % of Shares to Issue
Example: Mr John Smith	Yes	Yes	Yes	5%
(1)				
(2)				
(3)				
(4)				

(5) COMPANY SECRETARY

Should it be required, we shall appoint a Company Secretary for this company, unless otherwise instructed.

(6) OTHER SERVICES

Please indicate if you require any services below and we will contact you shortly:

- (a) Office services (use of our address, mail forwarding, telephone and fax handling) ☐
- (b) Opening of a bank account ☐
- (c) Financial accounts preparation ☐
- (d) Independent audit arrangements ☐
- (e) Please state any other services you may require:

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(7) MARKETING INFORMATION

Please assist us with some information for our Marketing Department:

How did you hear about US?

☐

Internet Search

☐☐

Lawyer/financial advisor/tax consultant

☐☐

I am an existing client

(8) MANAGING AGENT

We will only accept instructions signed by all the Owners and / or Directors or Managers unless a Managing Agent is appointed by all the Owners to provide instructions to us. Please provide the full name of the person you wish to appoint as a Managing Agent below. Complete **Appendix B** if this person is not a Beneficial Owner or Director of this Company.

Managing Agent's Full Name

Signature

(9) DECLARATION

1. I/we, the person(s) whose name(s) appear below, declare and by our signature below, confirm that we are the ultimate Beneficial Owners of the Company we have ordered.
2. I/we understand that I/we may have an obligation to report our interest in the company in personal tax returns and that income of the company may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect; and the company will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
3. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been declared bankrupt or the subject of an investigation by a governmental, professional or other regulatory or statutory body.

Today's Date

Name

Signature

Name

Signature

Name

Signature

Name

Signature

DETAILS OF ADDITIONAL OWNERS, DIRECTORS OR MANAGERS – (photocopy for additional appointments)**Personal Details**

Title (e.g. Mr, Mrs, Ms, Doctor)

Family Name

First and Other Names

Any Former Names

Occupation

Provide information about this person's business and professional experience (Please attach a resume or CV if available.)

Passport Number

Date of Birth

Nationality

Place of Birth

Home Email

Office Email

Home Telephone

Office Telephone

Home Facsimile

Office Facsimile

Mobile or Cellular Telephone

Office Website

Permanent Home Address

City

State / County

Post Code / Zip Code

Country

Office Details

Company Name

Position Held

Address

City

State / County

Post Code / Zip Code

Country

Contact Instructions (e.g. call home number before faxing)

MANAGING AGENT

Please provide details of the named Managing Agent here:

Title (e.g. Mr, Mrs, Ms, Doctor)			
Family Name			
First and Other Names			
Any Former Names			
Occupation			
Passport Number		Date of Birth	
Nationality		Place of Birth	
Home Email		Office Email	
Home Telephone		Office Telephone	
Home Facsimile		Office Facsimile	
Mobile or Cellular Telephone		Office Website	

Permanent Home Address

City		State / County	
Post Code / Zip Code		Country	

Office Details

Company Name			
Position Held			

Address

City		State / County	
Post Code / Zip Code		Country	

Contact Instructions (e.g. call home phone before faxing)

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