

AEGIS CORPORATE SERVICES LTD.

Company Incorporation Application Form

Important Notes

1. The completed and signed application form should be mailed or couriered to Aegis Corporate Services Limited (ACSL), P. O. Box SP-63771, Offices at Old Fort, Building Four, Western Road, Lyford Cay, New Providence, Bahamas. Tel: +1 (242) 362 6900 Fax: +1 (242) 362-6901. Incorporation can start on the basis of a faxed application form, but the original should be mailed at the time of sending instructions.
2. Please enclose a certified, clear copy of the passport, a bank reference and a character reference from an attorney or accountant of all those individuals who will be beneficial owners or directors of the company.
3. A proof of address, dated within the last three months, for all persons listed within the application is required. Typically this will be a utility bill, credit card or bank statement.
4. Payment can be made by cheque drawn on a Bahamian account, by international money order, bankers draft or by direct transfer to our bank account.

Wire funds to:

Bank:	Bank of America N.A., New York Branch New York, NY
Account #:	6550619464
ABA #:	026009593
For Credit to:	Commonwealth Bank Ltd.
SWIFT:	COMWBSNS
<u>For Further Credit to:</u>	
Account Name:	Aegis Corporate Services Ltd.
Account Number:	7053731
Reference:	(Insert Company Name)

Confidential Information Form

1. TYPES OF BUSINESS TO BE PURSUED BY COMPANY (please give as full a description as possible).

Location of Business: _____ Estimated Annual Turnover: \$ _____

Source of Initial Funds and/or Ongoing Income: _____

2. PLEASE STATE THE PREFERRED JURISDICTION (Bahamas, Other).

3. STATE DESIRED COMPANY NAME (please state at least three alternative names in order of preference).

(1) _____ (2) _____

(3) _____ (4) _____

4. PARTICULARS OF DIRECTORS (please tick the appropriate box and complete details ONLY where appropriate).

ACSL to provide Nominee Corporate Directors.

The following parties are to be recorded as Directors of the company.

①

②

a) Name _____

b) Usual residential address _____

c) Telephone & fax numbers _____

d) E-mail address _____

e) Occupation _____

f) Passport no./ Place of issue _____

g) Nationality _____

h) Date of birth (dd/mm/yyyy) _____

i) Country of tax residence _____

5. PARTICULARS OF BENEFICIAL OWNER (please tick the appropriate box and complete details ONLY where appropriate).

ACSL to provide Nominee Shareholders for the following parties.

The following parties are to be recorded as Shareholders of the company.

We should like to establish a Trust to hold the shares of the company. Please contact us to discuss.

①

②

a) Full first and last names _____
(Last) (First) (Last) (First)

b) Usual residential address _____

c) Telephone & fax numbers _____

d) E-mail address _____

e) Occupation _____

f) Passport no./ Place of issue _____

- g) Nationality _____
- h) Date of birth (mm/dd/yyyy) _____
- i) Country of tax residence _____
- j) Business address _____

- k) Business phone + fax nos. _____

If there are more than TWO beneficiaries and/or settlors, please continue on a separate sheet giving similar details on the additional beneficiaries and/or settlors.

6. SOURCE (How did you find out about our service?)

- From one of our advertisements. If so, which publication? _____
- By recommendation or referral. Please provide details. _____
- From our internet site. If so, how did you hear about the site? _____

7. REMAILING, FAX AND TELEPHONE FACILITIES

- Please tick here for mail forwarding.
- Please tick here for telephone/fax facilities.

8. COMPANY BANK ACCOUNT

- Please tick here if you would like ACSL to contact you to help with opening suitable bank accounts for the company.

9. PAYMENT DETAILS (Please tick box to indicate method of payment)

Amount US\$
 The payment amount should be the total of the setting-up costs, first year's annual fees and all disbursements.

- Funds have been wired transferred direct to your account in accordance with the instructions contained on the front of this form.
- I enclose a bankers draft / international money order / cheque drawn in accordance with instructions contained on the front of this form.

10. DECLARATION

I/We (name) _____
 of (residential address) _____

Telephone (home) _____ (Fax) _____
 Telephone (office) _____ (Email) _____

hereby declare that:-

- a) All details given above are true and accurate;
- b) I/We accept and agree to abide by the Terms and Conditions appearing on this form and amended from time to time and accept responsibility for the payment of your fees (both initial and recurring);
- c) 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 legal obligations in this respect;
- d) 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 details of any arrangement involving the proceeds of criminal conduct; and
- e) 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.

Signed _____ Date _____ Signed _____ Date _____