

CORPORATE SERVICES AGREEMENT

COMPANY APPLICATION FORM

A. PREFERRED JURISDICTION

(For Bahamian companies, please select whether IBC or Domestic)

Bahamas British Virgin Islands Cayman

B. NAME OF COMPANY

(Please write legibly. Please also note that abbreviations will maintain their abbreviated form when registered.)

First Choice: _____

Second Choice: _____

Third Choice: _____

Please confirm the following services with regard to the above company:

Registered Agent & Office for the company Yes No

Nominee Shareholders for the company Yes No

Nominee Directors for the company Yes No

(Note: Use of the words Royal, Insurance and Bank & Trust, will not be allowed. If the names that have been chosen are not available you will be notified.)

C. CAPITAL

What will be the authorized share capital of the company? Please state the amount and currency:

What will be the par value of the shares?

What will be the issued capital of the company and the number of share to be held by each owner?

Are the shares to be held by Nominees on behalf of the beneficial owner(s) Yes No

If Yes, are we required to provide Nominee shareholders? Yes No

If No, who is to act as Nominee?

Are any of the shares of the Company to be owned by a trust? Yes No

Note: Unless instructed to the contrary, the company will be incorporated with an Authorized share capital of US or BSD \$5,000 divided into 5,000 shares having a par value of \$1.00 each.

CORPORATE SERVICES AGREEMENT

COMPANY APPLICATION FORM BENEFICIAL OWNER(S)

Full and Correct Name of First Owner:

Permanent Address:

Country of Residence:

Domicile:

Passport Number:

Nationality:

Source of Wealth:

Total Net Assets:

Date of Birth:

Place of Birth:

Phone Numbers:

Email:

Facsimile:

Business Address:

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DIRECTOR(S)

Full and Correct Name of First Owner:

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Email: _____

Facsimile: _____

Business Address: _____

CORPORATE SERVICES AGREEMENT

COMPANY APPLICATION FORM

OFFICER(S)

Full and Correct Name of First Owner:

Permanent Address:

Country of Residence:

Domicile:

Passport Number:

Nationality:

Source of Wealth:

Total Net Assets:

Date of Birth:

Place of Birth:

Phone Numbers:

Email:

Facsimile:

Business Address:

CORPORATE SERVICES AGREEMENT

COMPANY APPLICATION FORM OFFICER(S)

Full and Correct Name of First Owner:

Permanent Address:

Country of Residence:

Domicile:

Passport Number:

Nationality:

Source of Wealth:

Total Net Assets:

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Business Address:

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DUE DILIGENCE REQUIREMENTS

ALL FINANCIAL AND CORPORATE SERVICE PROVIDERS PRACTICING IN THE BAHAMAS ARE GOVERNED BY REGULATIONS THAT REQUIRE MEASURES TO BE TAKEN TO IDENTIFY CLIENTS AND THEIR SOURCE OF FUNDS IN SUPPORT OF THE INTERNATIONAL INITIATIVE TO COMBAT MONEY LAUNDERING AND TERRORIST FINANCING. IN THIS REGARD, IT IS IMPERATIVE THAT YOU SUBMIT ALL REQUESTED DUE DILLIGENCE DOCUMENTATION WITH THIS APPLICATION. ALL INFORMATION RECEIVED WILL BE MAINTAINED WITH THE UTMOST CONFIDENTIALITY.

The following due diligence documents must be submitted with this application, for each Beneficial Owner, Director and Officer:-

- A. Copy of passport pages clearly denoting the signature, photograph, passport number, country of issuance, issue date and expiration date.
- B. Bank references addressed to the Financial Corporate Service Provider from the primary bankers of each Beneficial Owner, Director and Officer. The person giving the reference should confirm, at a minimum, that the candidate has maintained an account for no less than 2 (two) years, that all transactions have been conducted in a satisfactory manner and that the individual is recommended for normal business engagements.
- C. Character reference addressed to the Financial Corporate Service Provider on behalf of each Beneficial Owner, Director and Officer. The person giving reference should be another professional, such as an accountant or attorney, who has a long standing relationship with the individual and can detail his/her business career and should attest that the individual is a person with whom the FCSP may deal with in confidence.
- D. For private companies in any jurisdiction which will serve as Beneficial Owners or Directors, please provide the following;
 - i. Evidence of Incorporation
 - ii. Evidence of business address of corporation
 - iii. List of persons authorized to issue instructions on behalf of the company in relation to its ongoing business with the FCSP. Such list should be on the company's letterhead and certified by the company's Secretary or a Notary Public.
 - iv. Copy of the passport pages of such persons nominated in (iii) above clearly showing the Signature, photograph, passport number, country of issuance, issue date and expiration date.
 - v. In the case of partnerships, the documents listed in A through C are required on behalf of the Partners and items i – iii above will be required on behalf of the partnership.

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COMPANY PROFORMA

Clearly state the business plan of the company. That is, the description and nature of the business:

Location of principal business:

In which other countries will the company carry on business?

Identify the source of capital:

Identify the source of any additional funding from operations or third parties:

Are there any license requirements for the business outside of The Bahamas? If Yes, please give details indicating whether they have been obtained and from which Licensing Authority:

WILL THE COMPANY:

- A. Carry out transactions on behalf of a third party. E.g. Act in a fiduciary capacity? Yes No
If Yes, please give details:

- B. Receive Commission or Fees on behalf of a third party? Yes No
If Yes, please give details:

- C. Trade, Deal or Carry out services other than those identified in (A) above, either directly or indirectly with or for another company with which the Beneficial Owner(s) is / are connected? Yes No
If Yes, please give details:

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DECLARATION BY BENEFICIAL OWNER(S)

WE HEREBY CERTIFY AND CONFIRM that the information given above is complete and correct to the best of my/our knowledge and belief. I/We undertake to meet our obligations to the Financial Corporate Service Provider fully and promptly and we acknowledge that we have a duty of care to ensure that the business to be undertaken by the proposed company will be such as not to bring the Financial Corporate Service Provider or its related affiliates into disrepute. In this regard, the Beneficial Owner hereby indemnifies the Financial Corporate Service Provider against all claims and the costs associated with such claims. The Financial Corporate Service Provider is further authorized to obtain independent verification of the information required in this application, if required.

Signed
By the Beneficial Owner

Signature

Print Name

Dated: _____

Signed
By the Beneficial Owner

Signature

Print Name

Dated: _____

VERIFICATION OF IDENTITY FORM

IN RELATION TO FINANCIAL TRANSACTIONS OF \$10,000 OR MORE, IN ACCORDANCE WITH THE PROVISIONS OF THE FINANCIAL TRANSACTIONS REPORTING ACT, 2000.

Full and Correct Name of First Owner:

Permanent Address:

Country of Residence:

Domicile:

Passport Number:

Nationality:

Source of Wealth:

Total Net Assets:

Date of Birth: _____

Place of Birth: _____

Phone Numbers: _____

Email: _____

Facsimile: _____

Business Address: _____

PLEASE PROVIDE US WITH THE FOLLOWING IN DUPLICATE:

1. Copies of the first four pages of your passport or a copy of your national identity card showing the following details:
 - i number and country of issuance
 - ii issue date and expiry date: and
 - iii your signature
2. A financial reference:
3. A character reference:
4. Police certificate and,
5. Social Security Number:

The above information:-

Is enclosed

Will be sent in the post

Will be faxed

DECLARATION:

I, hereby confirm, accept and acknowledge that the Financial Corporate and Service Provider is authorized to obtain independent verification of any information and that all credits to the account will come from a reputable source and owned by me.

Signed By:

(Date)