

**Professional Corporate Services (Anguilla) Ltd.** The Hallmark Building, Old Airport Road, The Valley, Anguilla Tel (264) 497 3575 \* Fax (264) 497 3577 \* procorp@profgroup.com \* www.profgroup.com \*

# APPLICATION FORM TO INCORPORATE AN INTERNATIONAL BUSINESS COMPANY

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

2. REASON FOR WANTING TO INCORPORATE THE COMPANY:

3. DESIRED COMPANY NAME. (Please provide three names in order of preference.)

(2)\_\_\_\_\_

(1)		
• •	 	

(3)		

### 4. PARTICULARS OF DIRECTORS

(a)	Last Name:
(b)	First Name:
(c)	Address:
(d)	Telephone Number:
(e)	Fax Number:
(f)	Email Address:
(g)	Website:
(h)	Occupation:
(i)	Nationality:
(j)	Passport No. & Place of issue:

If there is more than one director please continue on a separate sheet giving similar details on the additional directors.



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5. PARTICULARS OF SHAREHOLDERS (*Please note that Bearer Shares can be issued, but the names of the initial subscribers must be recorded at the Registered Office*).

(a)	Last Name:
(b)	First Name:
(c)	Address:
(d)	Telephone Number:
(e)	Fax Number:
(f)	Email Address:
(g)	Website:
(h)	Occupation:
(i)	Nationality:
(j)	Passport No. & Place of issue:
(k)	Number of Shares:
(I)	Type of Shares: Bearer / Common (delete as appropriate)
	If there is more than one shareholder please continue on a separate page giving similar details on the additional shareholders.

#### 6. PARTICULARS OF BENEFICIAL OWNERS:

(a)	Last Name:
(b)	First Name:
(c)	Address:
(i)	Telephone Number:
(j)	Fax Number:
(k)	Email Address:
(I)	Website:
(m)	Occupation:
(i)	Nationality:
(j)	Passport No. & Place of issue:
	If there is more than one beneficial owner please continue on a separate page of

If there is more than one beneficial owner please continue on a separate page giving similar details on the additional shareholders



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DECLARATION

I \_\_\_\_\_\_hereby declare that all details given above are true and accurate, and I agree to supply you with whatever information you may reasonably require about ourselves and the proposed activities of the company. I agree to abide by your standard Terms and Conditions of Business and I accept responsibility for the payment of the agreed initial and annually recurring charges

Signed

Date

Please note that unless we are otherwise instructed, all Company papers and subsequent communication will be sent to the address and person given above.

#### NOTES

- 1. The completed and signed application form should be emailed to procorp@profgroup.com or faxed to 264-497-3577 or sent to Professional Corporate Services (Anguilla) Ltd, The Hallmark Building, The Valley, Anguilla, BWI. Incorporation can be completed on the basis of an emailed or faxed application along with supporting documentation and full payment, but the incorporation documentation itself will not be forwarded until originals of all supporting paperwork is received.
- 2. In addition to the Application Form, please enclose a notarized copy of the passport signature page and two letters of reference (from an attorney, accountant or bank officer) along with a recent utility bill for all those individuals who will be directors and / or shareholders and / or beneficial owners of the company, whereby the letters of reference must be accompanied by the passport signature page and relevant professional certifications for the signatory to each reference letter.
- 3. Payment can be made by international money order, bankers' draft or by wire transfer to our bank account held with the National Bank of Anguilla (transfer details are available upon request). Alternatively payment can be made by Visa or Master Card by filling in the appropriate information below. If payment is being made direct to our bank account then it is important that a clear reference is made to the proposed company name so that payments can be correctly identified and please enclose a copy of details of the bank transfer instructions clearly showing the remitting bank, the date of the transfer and the amount and currency transferred.

VISA / Master Card (delete as appropriate)	
Card Number:	Expiry Date:
Name:	
Authorized Amount to be Charged: US\$	

FEES

Incorporation: Government @ US\$250 / ProCorp @ US\$500 / Total @ US\$750

Annual Returns: Government @ US\$200 / ProCorp @ US\$500 / Total @ US\$700