

Offshore Business Solutions Limited

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COMPANY INCORPORATION FORM

Completed form should be sent by fax (+44-870-486-7757) or e-mail (info@just-formations.com)

COMPANY DETAILS

| COUNTRY OF INC | ORPORATION: | | | | | |
|---|---|--|------------------------------|-------------------------|--|--|
| PROPOSED COMPANY NAMES: | | | | | | |
| NAME 1. | | | | | | |
| NAME 2. | | | | | | |
| PRIMARY BUSINESS ACTIVITY OF THE COMPANY: | | | | | | |
| | | | | | | |
| AUTHORISED SHARE CAPITAL: STANDARD / OTHER * | | | | | | |
| TOTAL NUMBER C | TOTAL NUMBER OF SHARES VALUE PER SHARE | | | | | |
| DIRECTOR DE | TAILS | | | | | |
| NOMINEE DIREC | | |] | | | |
| NOMINEL DIRE | | | <i>If selected, please g</i> | go to SECRETARY DETAILS | | |
| CORPORATE DI | RECTOR | | | | | |
| COMPANY NAME | | | | | | |
| INDIVIDUAL DI | PECTOP | | | | | |
| | | | | -D* | | |
| STYLE / TITLE | MR MRS MS MISS LORD LADY OTHER* | | | | | |
| FORENAME(S) | | | | | | |
| SURNAME(S) | | | | | | |
| DATE OF BIRTH | | | PASSPORT № | | | |
| ADDRESS | | | | | | |
| POST TOWN | | | POST CODE | | | |
| COUNTRY | | | | | | |
| E-MAIL | | | PHONE | | | |

SECRETARY DETAILS

NOMINEE SECRETARY REQUIRED

SECRETARY NOT REQUIRED

LOCAL SECRETARY REQUIRED

SAME AS DIRECTOR

If any selected, please go to SHAREHOLDERS DETAILS

CORPORATE SECRETARY

COMPANY NAME

INDIVIDUAL SECRETARY

| STYLE / TITLE | MR MRS MS MISS LORD LADY OTHER* | | |
|---------------|---|-------|--|
| FORENAME(S) | | | |
| SURNAME(S) | | | |
| DATE OF BIRTH | PASSP | ORT № | |
| ADDRESS | | | |
| POST TOWN | POST | CODE | |
| COUNTRY | | | |
| E-MAIL | | PHONE | |

SHAREHOLDER DETAILS

NOMINEE SHAREHOLDER REQUIRED SAME AS DIRECTOR/SECRETARY*

If any selected, please go to BENEFICIAL OWNER DETAILS

CORPORATE SHAREHOLDER

COMPANY NAME

INDIVIDUAL SHAREHOLDER

| STYLE / TITLE | MR MRS MS MISS LORD LADY OTHER* | | |
|----------------|---|--|--|
| FORENAME(S) | | | |
| SURNAME(S) | | | |
| DATE OF BIRTH | PASSPORT № | | |
| ADDRESS | | | |
| POST TOWN | POST CODE | | |
| COUNTRY | | | |
| E-MAIL | PHONE | | |
| NUMBER OF SHAR | S TO BE ISSUED | | |

BENEFICIAL OWNER DETAILS

SAME AS DIRECTOR / SECRETARY / SHAREHOLDER*

| STYLE / TITLE | MR MRS MS MISS LORD LADY OTHER* | | |
|---------------|---|------------|--|
| FORENAME(S) | | | |
| SURNAME(S) | | | |
| DATE OF BIRTH | | PASSPORT № | |
| ADDRESS | | | |
| POST TOWN | | POST CODE | |
| COUNTRY | | | |
| E-MAIL | | PHONE | |

DECLARATION

I/We, _____, do solemnly and hereby declare:

- that all information provided in this form is truthful and accurate.
- that the company will not engage in activities contrary to the laws of the country of incorporation or any country in which the company may operate.
- that we have read and accepted the terms and conditions provided on the website: <u>www.just-formations.com/terms and conditions.html</u>
- that no advice received from Offshore Business Solutions Limited affected our decision to incorporate the above company.

DATE: _____

SIGNATURE: _____

DUE DILIGENCE DOCUMENTATION

Due diligence documents are required on the beneficial owner of the company. The following documentation is required:

- Certified passport copy
- Proof of address
- Bank reference
- Professional reference

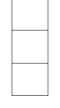
More information on www.just-formations.com/requirements.html

PAYMENT METHODS

More information on www.just-formations.com/payments.html

BANK TRANSFER

CHEQUE



ONLINE PayPal PAYMENTS

OTHER INFORMATION OR SERVICES

1. Apart of a standard company formation you may need some other services or products. More information on www.just-formations.com/our_services.html

2. If you require more than one Director, Shareholder or Beneficial Owner, please provide their relevant details.