

# STEADFAST CORPORATE SERVICES

## Application form – Company Formation

Please complete each section of this Application Form, sign it and then return by email, fax or post to:

Steadfast Corporate Services  
19A Town Range, P.O. Box 872, Gibraltar

Telephone: + 350 200 77750

Facsimile: + 350 200 77800

Email: admin@steadfast.gi

**Please note that applicable due diligence and "know your client" regulations (see Appendix C below) require that certain documents are provided to us. We cannot commence work until the required documents have been received by us.**

This Application has the following Appendices attached:

- A Details of applicant, owners, directors and managers
- B Accounts requirements (Gibraltar companies)
- C Client identification requirements
- F Management Agreement

### (1) APPLICANT

Please complete **Appendix A** for the person(s) making application for this proposed Company

### (2) PROPOSED COMPANY

Jurisdiction of incorporation

### 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/holding company

Trading

Consultancy

Property

Maritime

Other

We need detailed information about what the Company will be used for. Please list intended activities and attach Business Plan, if available.

### LOCATION

Please tell us where the Company will carry on its intended activities. Please list both regions and countries.

### HOW WILL THE COMPANY BE FUNDED?

Personal Funds of the Owner(s)	<input type="checkbox"/>	Trading	<input type="checkbox"/>	Bank Loan	<input type="checkbox"/>
Other Institutional Loan	<input type="checkbox"/>	Corporate Loan	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please describe the source of the funds that will be used to finance the Company and attach any applicable supporting documentation.

**(3) COMPANY'S FINANCES**

Estimated Annual Turnover	<input type="text"/>
Financial year will start on	<input type="text"/>
How much start up capital will be invested into the Company?	<input type="text"/>
<b>If the Company will have a bank account:</b>	
Estimated number of transfers into the Company's bank account per month	<input type="text"/>
Estimated value of transfers into the Company's bank account per month	<input type="text"/>
Estimated number of transfers out of the Company's bank account per month	<input type="text"/>
Estimated value of transfers out of the Company's bank account per month	<input type="text"/>

**(4) BENEFICIAL OWNERS, SHAREHOLDERS AND DIRECTORS**

Please provide details of who will be the beneficial owner(s), registered shareholder(s) and director(s) of the Company and complete **Appendix A** for each such person.

Do you require us to provide Professional Director Services? Yes  No

Please insert "YES" to appropriate boxes below

Names (Appendix A for each)	Director	Owner	Nominee Shareholder *	Number or % of Shares to Issue
Example: Mr John Smith	Yes	Yes	Yes	5%
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* if "yes" we will provide nominee services. If not, shares will be registered in the name of the owner unless specified otherwise

**(5) COMPANY SECRETARY**

We will provide a Company Secretary for this Company and a registered agent where required (not required for a Gibraltar company) unless otherwise instructed.

**(6) CAPITAL AND SHARES**

Gibraltar companies will be incorporated with an authorised share capital of £2,000 and BVI \$50,000 unless stated otherwise. Further duty may be payable above these amounts.

Denominated in (currency)

Number of shares

Nominal amount per share

Are pre-emption provisions required in the Articles?

Yes

No

**(7) OTHER DETAILS (GIBRALTAR COMPANIES ONLY)**

We will arrange for the Company to dispense with the requirement to hold Annual General Meeting **unless** you tick here

NO

Please provide the address to which invoices should be sent:

Name

Company name

Address

**(8) OTHER SERVICES REQUESTED**

Please indicate if you require any services below and we will let you have further details:

(a) Virtual office services (use of our address, mail forwarding, telephone, fax handling etc)

(b) Opening of a bank account

(c) Do you wish us to undertake financial accounts preparation (accounts are required if we provide directors and in the case of a Gibraltar company and certain other jurisdictions) Please refer to **Appendix B**

(d) Do you wish us to make arrangements for independent audit? (mandatory in the case of a Gibraltar company which is not a "small" company – refer to **Appendix B**)

(f) Please state any other services you may require:

**(9) DECLARATION**

1. I/we understand that I/we may have an obligation to report my/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.
2. I/we undertake that 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 nor investigated in connection with any criminal offence (other than a minor motoring offence) nor have I/we ever been declared insolvent or bankrupt or the subject of an investigation by any governmental, professional or other regulatory or statutory body.
4. I/we permit you to undertake such enquiries about me/us as you consider necessary.
5. I/we will enter into a Management Agreement with you (please refer to the sample Agreement in Appendix F).

Today's Date	<input type="text"/>
Name	<input type="text"/>
Signature	<input type="text"/>

**OFFICE USE ONLY – Source of Introduction**

Face to Face	<input type="checkbox"/>	Existing Client	<input type="checkbox"/>	Eligible Introducer	<input type="checkbox"/>
Professional Introducer	<input type="checkbox"/>	Other Introducer	<input type="checkbox"/>	Other (provide details below)	<input type="checkbox"/>

Please describe the source of the introduction giving the name and address of the introducer and details of any face to face meeting.