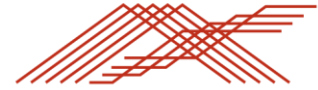


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Incorporation of a Company in Cyprus

The information requested, which will be treated as strictly confidential, is necessary for the incorporation of a company in Cyprus.

1.0 - CONTACT DETAILS OF INSTRUCTING PARTY

Title: (Mr., Mrs., Ms., Dr.) First / Middle Names

Last / Surname Date of Birth (DD/MM/YY)

Place of Birth Nationality

Occupation E-mail

Passport Number Telephone

For corporations

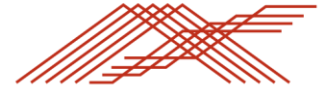
Company Name

Address

Country Post/ Zip Code

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1.2 - CONTACT PERSON

Will **the above person** be our contact in case of queries regarding this formation?

Yes, proceed

No, fill out below section

Last / Surname

Title: (Mr., Mrs., Ms., Dr.)

Telephone

First / Middle Names

Facsimile

Mobile (optional)

E-mail

2.0 - PROPOSED COMPANY INFORMATION

Company Name:

(Insert the names in order of preference)

(Feel free to request a pre-approved company name (saves 3-5 working days) OR shelf company list)

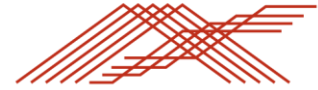
hoice 1

Choice 2

Choice 3

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Address for delivery of official Company's Documents:

Apserou Shiaka & Co Offices

Other:

Hague Apostille Certification required for official Company's documents?

YES

NO

Special Instructions:

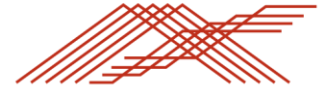
2.1 - COMPANY OBJECTIVES

Kindly list the business activities of the company:

(General Commercial Company Articles are normally used, which contain a very broad spectrum of objects covering almost any legal activity)

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2.2 - BENEFICIARIES, SHAREHOLDERS AND DIRECTORS

Would you wish to be provided with Professional Director Services?

YES

NO

Would you wish to be provided with Nominee Shareholders (Anonymity)?

YES

NO

Please tick **YES** or **NO** in the appropriate options below:

Date: _____ / _____ / _____

Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Beneficiary	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nominee Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
% of Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We declare that the finance of the company and our instructions to Apserou Shiaka & Co are and will continue to be legal according to the law of the Republic of Cyprus and the law of all countries the company will operate in.

Signatures

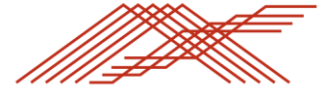
Would you wish Apserou Shiaka & Co to establish a Trust to own this company?

YES

NO

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2.3 – INFORMATION FOR EVERY PERSON OR LEGAL ENTITY WHO/THAT IS DESCRIBED IN SECTION 2.2

Please copy if necessary.

2.3.1. PERSONAL INFORMATION ABOUT THE CONNECTED PERSON

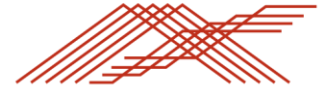
Title: (e.g. Mr., Mrs., Dr.)		Family Name:	
First and Other Names:		Occupation:	
Passport Number:		Date of Birth:	
Nationality:		Place of Birth:	

2.3.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address:			
City:		State / Region:	
Post Code / Zip Code:		Country:	
Home Telephone:		Home email:	
Home Fax:		Personal Mobile:	

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2.3.3. – OFFICE ADDRESS AND CONTACT DETAILS – FOR PERSONS AND LEGAL ENTITIES

Company Name:		Country of Incorporation:	
Contact Person:		Incorporation No.:	
Address:			
City:		State/Region:	
Post Code/ Zip Code:		Country:	
Office Telephone:		Office Mobile:	
Office Fax:		Office email:	

2.3.4 – PREFERRED METHOD OF CONTACT – Please Indicate by ticking a box

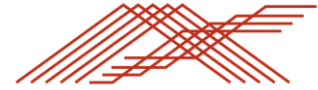
Home Telephone: Home Mobile: Home Fax: Home Email: Home Mail: Home Courier:

Office Telephone: Office Mobile: Office Fax: Office Email: Office Mail: Office Courier:

SPECIAL INSTRUCTIONS:

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2.3.5 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary

- Contact Person Managing Agent Intermediary
- Director Company Secretary An Existing Client
- Beneficiary Owner / Shareholder, please state percentage ownership:
- Other please specify:
-

2.4 - SHARE CAPITAL

Standard 1.000 shares (Authorized and Issued) YES NO

If no specify the amount of authorized and issued share capital:

	Number of shares	Value in €
Authorized Capital	<input type="text"/>	<input type="text"/>
Issued Capital	<input type="text"/>	<input type="text"/>

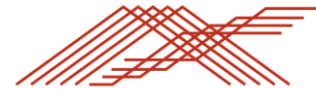
2.5 - COMPANY SECRETARY

Do you wish APSEROU SHIAKA & CO to provide the company secretary? YES NO

Other:

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2.6 - COMPANY REGISTERED ADDRESS

52 Kyriacou Matsi Av, Office 7, 1082 Nicosia, Cyprus

 YES NO

Other:

2.7 – CLIENT ENGAGEMENT PROCEDURES

Whilst we respect the confidentiality of our clients, we are obliged by law to obtain the following information relating to all beneficial owners, directors, shareholders, bank account signatories and all parties connected in any to any company, business entity, trust or foundation we may form or administer:

- Proof of Identity
- Proof of Residential Address

PROOF OF IDENTITY

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of ONE of the following:
 - Current Valid Full Passport
2. Such copy must bear a clear photograph, the holders signature and the document number.
3. The copy must be certified by any of the following:
 - A notary public
 - A banker
4. The certification must be in English or a translation from an independent accredited translator must be attached.
5. The documents sent to us must bear the **original signature** of the person certifying the identity document and insert the following text (or similar) on the copy:

Having seen the individual and the identification documentation at the same time, I certify this is a true copy of the original and that the photograph is a reasonable likeness.

Name

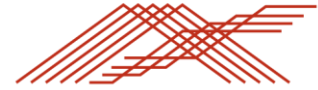
Company

Phone

Date

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PROOF OF RESIDENTIAL ADDRESS – This is a mandatory and a regulatory requirement

Please provide ONE of the following dated within the last three months, for each party:

- **Original** utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
- **Original** bank or mortgage statement from the recognized bank.
- **Original** credit card statement.
- **Original** bank reference, confirming the home address, from a recognized bank, addressed to Apserou Shiaka & Co.

If you are unable to supply any of these documents you should contact us.

SOURCE OF WEALTH

A statement is required from the owner(s) providing a brief description as to the origins of his/her wealth and the period over which the wealth was generated.

CURRICULUM VITAE

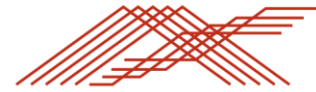
In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and qualifications.

DELIVERY OF ORIGINAL DOCUMENTATION

This may be faxed to us for review but the originals must be sent to us by courier or mail. All documents must be in English or if not then a translation from an independent and accredited translator should be attached.

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3.0 - OTHER SERVICES REQUIRED

a) Office services (provision of address, mail forwarding, telephone and fax handling) YES NO

b) Corporate Banking (Do you wish to open a bank account in Cyprus?) YES NO

Currency of Bank Account: Bank of Choice:

Internet Banking Services required? YES NO Personal Bank Account required? YES NO

Credit Card facilities required? YES NO

Bank Signatories:

c) Trading Services (Letter of Credit, Bill of Exchange for Import/ export) YES NO

d) Ongoing bookkeeping, tax compliance & accounting YES NO
(required by law)

e) End of Year Financial Accounts Preparations (required by law) YES NO
(required by law)

f) Independent Auditing YES NO
(required by law)

g) Is EC VAT Registration required? YES NO

h) Is EC VAT Administration – Compliance required? YES NO

i) Invoicing services YES NO

Please state any other services required not listed above:

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4.1 – COMPANY STRUCTURE

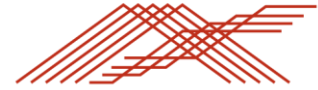
If the Company is to be part of a Corporate Structure please provide details (where they are based and what their purpose is within the overall structure).

4.2 – COUNTRIES OF MAIN BUSINESS ACTIVITIES

Please provide detailed information about where the company will trade and/or invest. List regions and countries.

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4.3 – HOW WILL THE COMPANY BE FUNDED?

To comply with our statutory duties we must know how the company will be initially and subsequently funded. Please describe the source of funds that will be used to finance the Company in the space below. Documentation **must** be attached to support this application. Example: if using a loan, a copy of the loan agreement is required, if utilizing personal funds, please provide a brief description of the source.

4.4 – EXPECTED TURNOVER / PROFIT AND TRANSACTIONS OF THE COMPANY

Start up capital	
Estimated annual turnover	_____
What is the anticipated annual profit?	_____
Estimated number of transfers into the company's bank account per month	_____
Estimated value of transfers into the company's bank account per month	_____
Estimated number of transfers out of the company's bank account per month	_____
Estimated value of transfers out of the company's bank account per month	_____
Other information:	_____