

VIRTUAL OFFICE ORDER FORM



Please complete in **BLOCK CAPITALS** and return to us

If you need help completing this form, please contact any Alpha IBC Group office. Details can be found at www.alphaibc.com

1. ABOUT THE COMPANY

Company Name			
Registration Number		Date of Formation	
Registered Office			
Type of Business/ Activity			
Website			
Director(s) Name			
Secretary(ies) Name			
Others (who else apart from the company's officers could be called for)			

2. VIRTUAL OFFICE SERVICES

2.1 TELEPHONE NUMBER

Would you like a telephone number?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
if YES, please provide e-mail to forward messages				
Preferred greeting message				
Special instructions				

2.2 FAX NUMBER

Would you like a fax number?

Yes

No

if YES, please provide e-mail
to forward messages

2.3 MAIL ADDRESS

Would you like a mail address?

Yes

No

if YES, please provide
address to forward mail

3. DECLARATION

I/We (name)

of (address)

Phone no:

Fax no:

e-mail

Hereby declare:

- that all details given above are true and accurate, that I/We agree to abide by your standard Terms and Conditions of Business and that I/We accept responsibility for the payment of the agreed initial and annually charges billed.
- that I/We understand that the above services run on a annual fee basis
- that all transactions conducted by the above company will be commercially bona fide, have substance, and not be used for any unlawful purpose.

Signed

Date

4. PROCEDURE HEREAFTER

We will contact you shortly to clarify your instructions, finalise the application process, arrange payment, and collect certain mandatory information relating to the prevention of money laundering

5. CONTACT DETAILS

Please forward the completed application form to the one of the following addresses:

**4 B, ORFEOS STREET,
1070 NICOSIA, CYPRUS**
or please fax to +00 357 22447732

**4TH FLOOR, 13 JOHN PRINCE'S STR,
LONDON W1G 0JR, UK**
or please fax to +00 44 020 7499 6368