

APPLICATION 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 A CONTACT PERSON (typically the person completing this form)

Title (e.g. Mr., Mrs., Ms., Dr.)	<input type="text"/>		
Family Name	<input type="text"/>		
First and Other Names	<input type="text"/>		
Any Former Names	<input type="text"/>		
Occupation	<input type="text"/>		
Passport Number	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Place of Birth	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Website	<input type="text"/>
Permanent Home Address	<input type="text"/>		
City	<input type="text"/>	State / County	<input type="text"/>
Post Code / Zip Code	<input type="text"/>	Country	<input type="text"/>
Contact Instructions (e.g. call home phone before faxing)			
<input type="text"/>			

2. ABOUT A PROPOSED COMPANY

Jurisdiction (e.g. BVI or Hong Kong)	<input type="text"/>
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2.1 PROPOSED COMPANY NAME

First Choice	<input type="text"/>		
Second Alternative	<input type="text"/>		
Third Alternative	<input type="text"/>		
Have you selected this company name from our Shelf Company List?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

2.2 PURPOSE OF THE COMPANY - tick the appropriate box(es)

Investment	<input type="checkbox"/>	Trading	<input type="checkbox"/>	Consultancy	<input type="checkbox"/>
Property	<input type="checkbox"/>	Expatriate Salary	<input type="checkbox"/>	Other	<input type="checkbox"/>

To assess your application, we need detailed information about what the Company will be used for. Please list activities, goods to be traded and services to be provided by the Company.

2.3 GEOGRAPHY OF PROPOSED BUSINESS

Provide detailed information about where the Company will trade. Please list both regions and countries.

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2.4 HOW WILL THE COMPANY BE FUNDED? (Tick the box)

Personal Funds of the Owners	<input type="checkbox"/>	First Trading Invoice	<input type="checkbox"/>	Bank Loan	<input type="checkbox"/>
Other Institutional Loan	<input type="checkbox"/>	Corporate Loan	<input type="checkbox"/>	Other	<input type="checkbox"/>

To comply with our statutory duties under Money Laundering legislation, we must know how the Company will be funded. Please describe the source of the funds that will be used to finance the Company.

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3. BENEFICIAL OWNERS, SHREHOLDERS, DIRECTORS, ATTORNEYS AND SECRETARY

Please provide details of the beneficial owner, shareholder and director of the proposed Company.

Please complete **Appendix A** for each person to be appointed except for the Contact Person.

Do you require Service of Nominee Shareholder? Yes No

3.1 LIST OF SHAREHOLDERS (or Beneficial owners, if selected a service of Nominee Shareholder)

Name and Surname (or Company's Name *)	Nationality (or country of Inc. *)	Passport No. (or Reg. Number *)	Number or % of Shares to
1.			
2.			
3.			

3.2 LIST OF DIRECTORS (or Attorneys, if selected a Service of Nominee Director)

Please complete **Appendix A** for each person to be appointed except for the Contact Person

Do you require Service of Nominee Director? Yes No

Name and Surname (or Company's Name *)	Nationality (or country of Inc. *)	Passport No. (or Reg. Number *)
1.		
2.		
3.		

3.3 SECRETARY OF COMPANY (please left empty, if selected a Service of Nominee Secretary)

Please complete **Appendix A** for each person to be appointed except for the Contact Person

Do you require Service of Nominee Secretary? Yes No

Name and Surname (or Company's Name *)	Nationality (or country of inc. *)	Passport No. (or Reg. Number *)
1.		

4. ANY OTHER SERVICES AND/OR REQUIREMENTS

Please indicate if you require any services below:

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

Financial accounts preparation

Opening of a bank account

Independent audit arrangements

Please state any other services you may require:

5. PAYMENTS METHOD (Please tick one)

Wire transfer of funds

Credit card payment

VISA

MasterCard

American Express

Card Number

Expiry Date

Name as appears on credit card

6. MANAGING AGENT

We will only accept instructions signed by all the Owners and / or Directors or Managers unless a Managing Agent is appointed by all the Owners to provide instructions to Alpha IBC Group. Please provide the full name of the person you wish to appoint as a Managing Agent below. Complete **Appendix A** if this person is not a Beneficial Owner or Director of this Company.

Managing Agent's Full Name

Signature

7. DECLARATION

I/We (name)

of (address)

Phone no:

Fax no:

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 all transactions conducted by the above company will be commercially bona fide, have substance, and not be used for any unlawful purpose.

Signed

Date

8. NEXT STEP

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

9. 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

DETAILS OF ADDITIONAL OWNERS, DIRECTORS, MANAGERS and MANAGING AGENT

Personal Details

Title (e.g. Mr., Mrs., Ms., Dr.)	
Family Name	
First and Other Names	
Any Former Names	
Occupation	

Provide information about this person's business and professional experience (Please attach a resume or CV if available)

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Passport Number		Date of Birth	
Nationality		Place of Birth	
Home Email		Office Email	
Home Telephone		Office Telephone	
Home Facsimile		Office Facsimile	
Mobile or Cellular Telephone		Office Website	

Permanent Home Address	
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City		State / County	
Post Code / Zip Code		Country	