

**APPLICATION FORM FOR
THE INCORPORATION OF
A CYPRUS IBC/LIMITED
LIABILITY COMPANY**

MARCH 2007

**CONTACT
DETAILS**

PART 1. Please fill in the details of the person that will be our Contact for the registration of this company.

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	

**PROPOSED
COMPANY
NAME**

PART 2. Please enter below, in order of preference, up to 4 names of your choice for the company. Avoid common words such as "International", "National", "Group", "Global", "National", "Royal" and "Crown".

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Alternatively please indicate whether you wish to be supplied with a list of pre approved names for selection.

Yes No

Choosing a pre approved name speeds up the incorporation process.

**OBJECTS
OF THE
COMPANY**

PART 3. Please indicate the main activities that the company will undertake.

General Trading Investment Holding Other (specify below)

**SHARE
CAPITAL**

PART 4. The required minimum authorised and issued share capital is CYP 1,000. Where the company intends to establish an administrative Office in Cyprus a minimum of CYP£10,000 issued and paid share capital is required.

Please indicate the main share capital of the company.

CYP

**NOMINEE
SHAREHOLDERS**

PART 5. There must at least be one shareholder. It can be either an individual or a legal entity. Where anonymity is desired we can provide Trustee or Nominee Shareholders without public disclosure of the beneficial shareholders.

Do you wish for us to provide Nominee Shareholders?

Yes No

PART 6. If you do not wish to appoint Nominee Shareholders please complete the requested details below and attach a photocopy of each proposed shareholder's passport.

Shareholder 1

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Is the registered shareholder the beneficial owner? Yes No

If you answered no, then please provide details below of the beneficial owner. All information provided is strictly confidential.

SHAREHOLDERS

Beneficial Owner

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Shareholder 2

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	

Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Is the registered shareholder the beneficial owner? Yes No

If you answered no, then please provide details below of the beneficial owner. All information provided is strictly confidential.

Beneficial Owner

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Shareholder 3

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Is the registered shareholder the beneficial owner? Yes No

If you answered no, then please provide details below of the beneficial owner. All information provided is strictly confidential.

Beneficial Owner

Name and Surname	
Title	
Occupation	
Address	

State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Shareholder 4

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

Is the registered shareholder the beneficial owner? Yes No

If you answered no, then please provide details below of the beneficial owner. All information provided is strictly confidential.

Beneficial Owner

Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

If more shareholders are required, please print and complete the above page as many times as is required.

PART 7. The Law requires that every company has a company secretary. Our office provides this service through a secretarial company, which will ensure that all secretarial operations are carried out in a cost effective, efficient and timely fashion to ensure compliance with legislation.

SECRETARY

Do you wish for us to act as Company secretary through our service company? Yes No

If you answered no then please supply details of the company secretary.

Secretary	
Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	
Fax	
E-mail	
Number of Shares	
Date of Birth	
ID Card No	
Passport No	

PART 8. The company must have at least one director. It is advisable both from a tax point of view and for administrative purposes that management and control are exercised from the jurisdiction. In such a case it is recommended that not more than one director is appointed from abroad.

If required we can provide local Nominee Directors which can be either Corporate (a company) or an individual, which will carry out the management of the company as per the instructions of the beneficial shareholders.

Do you wish for us to provide Nominee Directors? Yes No

Corporate Directors or

DIRECTORS

Individual Directors

If you answered no, then please supply details of the director(s) you wish to appoint:

Director	
Name and Surname	
Title	
Occupation	
Address	
State/Province	
Zip/Postal Code	
Country	
Telephone	

Fax	
E-mail	
Director in another Company?	
Date of Birth	
ID Card No	
Passport No	

If more Directors are required, please print and complete the above page as many times as is required.

PART 9. The company must have a registered office address in the Republic of Cyprus.

If you wish for us to provide a registered address for the company please indicate this below. Yes No

If you answered no, then please supply details of the address to be registered. Please note that this must be in Cyprus.

REGISTERED ADDRESS

Registered office address	
Address	
State/Province	
Zip/Postal Code	
Telephone	
Fax	

FAX completed form to +35722454878 or email as attachment to companies@cyadvocates.com
