

Offshore
Banking International

Company Formation Order Form



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1. The Company

Please provide the name of the jurisdiction that you would like to incorporate in.

Country of proposed incorporation.

2. The Company name.

Please provide three names for the proposed company in order of preference.

Please also provide us with the required suffix.

First choice.

Second choice.

Third choice.

3. Share Capital

All companies are incorporated with a share capital. Subject to the jurisdiction the authorised capital is set at the highest limit which attracts the lowest initial and subsequent licence fees. Please refer to the web site and the jurisdiction information for more information. Please provide share capital and value.

Capital

Number of shares

Value of one share

3. Purpose of the proposed company.

Please provide a full description of the nature of the business and what the company will be used for. I.E holding, goods traded, trading parties, shipping, insurance etc.

3. The proposed turnover of the company.

Please give us estimated figures on how you see the companies first year in business.

How much start up investment will be put into the business US\$

First years estimated turnover. US\$

What is the estimated first years profit. US\$

Estimated number of transactions into the account per month.

Estimated average value of the transactions into the bank account per month.

Estimated number of transactions out of the account per month.

Estimated value of the transactions out of the account.

3. The company management and ownership.

Do you require Nominee directors for the proposed company? YES/NO

Do you require Nominee Share holders for the proposed company? YES/NO

Would you like to establish a Trust or a Foundation to own this company? YES/NO

3. Directors, Shareholders, Managers & any other individuals or entities involved.

Please provide details of all parties as to who will be the director, share holders, etc

Director YES/NO

Owner YES/NO

Shareholder YES/NO

% of shares

Title (e.g. Mr , Mrs, Dr):

Family name

First name

Former names

Occupation

Passport number

Nationality

Date of birth

Place of birth

Address

City

State/region

Post code/zip code

Country

telephone number

email

fax

mobile

Director YES/NO

Owner YES/NO

Shareholder YES/NO

% of shares

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Address

City

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Post code/zip code

Country

telephone number

email

fax

mobile

3. Preferred method of contact.

Please inform us as to how you would like to be contacted.

Email

Phone

fax

3. Additional company documents.

Please complete the information below if you require any additional documentation or legalised copies.

PLEASE NOTE THAT ANY ADDITIONAL DOCUMENTS YOU REQUIRE ARE NOT INCLUDED IN THE PRICE THEREFORE ADDITIONAL COSTS WILL BE INCURED.

Document	CERTIFIED	NOTARISED & APOSTILLED	LEGALISED AT AN EMBASSY	No. of copies
Certificate of incorporation.				
Memorandum & articles.				
Certificate of incumbency.				
Certificate of good standing.				
Appointment of directors.				

3. Additional services required.

If you require any of the additional services below please tick the relevant boxes -

Bank account	
Banking licence	
Trust	
Foundation	
Asset protection	
Ship registration	
Yacht registration	
Marine services	
Offshore merchant account	
E-commerce	
Virtual office	
Domain name	
Web site design	
Offshore web hosting	
Gaming licence	
Other - Please state any other service you may require	

3. Payment

Please choose one of the following way to make a payment.

		Tick Option Selected
Credit Card	Option A	
Bank Transfer	Option B	
Money Gram	Option C	
E-Gold	Option D	
Western Union	Option E	

Option A - Credit card.

Card type. - Visa MasterCard Visa Electron.

Card Number

Start date

Expiry date

Card security code (3 digits on reverse by signature strip)

Card holders name (as shown on the card)

Billing address (where the card is registered)

Authorising signature

Please contact me once the card transaction has been completed

YES / NO

Option B - Bank transfer

Should you wish to make a bank transfer then please complete the following. Please contact us so we can provide you with the details as to where you need to send the funds.

Person / Company making the transfer.

The bank that the transfer is being sent from.

Please quote a Reference No including the proposed company name.

The date the transfer was made.

Option C – MONEY GRAM

Option D – E-GOLD

Option E – WESTERN UNION

3. Future payments for annual fees , administration costs.

Please indicate to us how you wish to make future payments and how you would like to be informed.

Debit card. YES / NO

Bank transfer YES / NO

Other YES /NO

Please inform me when my renewal fees are due or any other costs by-

Send invoice to my address –

Send invoice by fax –

Send invoice by email

3. The company documents.

Please indicate as to what you would like us to do with the company documents.

Hold all documents in a safe offshore location and email me a scanned copy of the documents

Send all company documents to the following address via courier.

3. Declaration

1. I/we, the person(s) whose name(s) appear below, declare and by our signature below, confirm that we are the ultimate Beneficial Owners of the Company we have ordered from OBI and we have read and agree to be bound by OBI'S Terms of Business, or such other new Terms of Business as may, from time to time, be published on http://www.offshore-banking-international.com/company_profile/Terms_of_Business.asp site
1. I/we understand that I/we may have an obligation to report 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; and 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.
1. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been subject of an investigation by a governmental, professional or other regulatory or statutory body.
- 4 I/We agree to abide by the laws of the country of incorporation of the company

Name.

Signature.

Date

Name.

Signature.

Date

Name.

Signature.

Date

Name.

Signature.

Date

4. PROOF OF IDENTITY

CLIENT ENGAGEMENT PROCEDURES AND GUIDANCE NOTES

Our overriding statutory duty regarding the prevention of terrorism, drug trafficking and money laundering means that we are committed to undertaking a full and thorough due diligence of both our clients' identities and the nature of their businesses.

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 way 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
 - Current Valid National ID Card
2. Such copy must bear a clear photograph, the holders signature and the document number.
3. The documents sent to us must bear the **original signature** of the person certifying the identity document;

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

To validate the home address of all parties mentioned in your application, 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 a recognised bank.
- **Original** credit card statement.
- **Original** bank reference, confirming the home address, from a recognised bank, addressed to OBI.

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