

## COMPANIES / INCORPORATION FORM

The following information is required to incorporate and establish a Cyprus Company. Information about the company's beneficial owners, shareholders, directors and officers is kept in strict confidence with Servco. Only the names of registered shareholders are shown on the company's annual returns to the Registrar of Companies and are a matter of public record. The use of nominee shareholders is recommended if beneficial owners do not wish to publicly disclose their interest in the company.

### PROPOSED NAME

- Please list in order of preference.
- The company name must end with the word "Limited".

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PURPOSE OF THE COMPANY / SOURCE OF ASSETS

Please indicate the purpose for which the Company is required. (Please provide full details – "holding company" is not sufficient.)

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Please describe/identify the assets that will be held by the Company.

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From what source or sources have the assets/funds to be introduced into the Company been derived? (How did you acquire the assets that will be held by the Company? The description must be clear and self-explanatory. Explanations such as "inheritance" or "sale of property" are not sufficient and require further explanation.)

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## COMPANIES / INCORPORATION FORM

### CAPITAL

The proposed authorised capital of the company is usually expressed in euros(€). Stamp Duty is payable and calculated on the basis of the value of the nominal capital and is calculated as (share capital in euros(€) x rate) = 0.6% + €102.52. A minimum of 1 share must be issued.

Unless instructed to the contrary the company will be incorporated with an authorised share capital of €2,000 divided into 2,000 shares of €1 each and an issued share capital of 2,000 shares of €1 each.

Standard issued and authorised share capital  Yes  No

If no, please state:

Authorised Share Capital: \_\_\_\_\_

Issued Share Capital: \_\_\_\_\_

Fully Paid Share Capital: \_\_\_\_\_

One class of shares to be authorised\*  Yes  No

If no, attach a separate schedule describing requirements.

### SHAREHOLDERS

Corporate shareholders are permitted. The company must have a minimum of one registered shareholder at all times. A reference letter on the beneficial owner must be supplied irrespective of whether nominee registered shareholders are provided. The name of the beneficial owner is purely for our internal records, and is not disclosed on any permit and/or official document and is not part of public record under any circumstances.

Do you wish us to provide nominee shareholders?  Yes  No

If yes, please use the following form to indicate the beneficial owner details and the number of shares to be held by this nominee shareholder.

If no, and the beneficial owner(s) is (are) to hold the shares in their own name(s) as registered shareholder(s), then please use the following form to indicate this registered shareholding. If the shareholder is a Corporate Shareholder kindly indicate "Shareholder" (delete "Beneficial Owner") and also use the available space to indicate the "Beneficial Owner" (delete "Shareholder") of the Corporate Shareholder.

For due diligence purposes we need to identify a natural person as the ultimate beneficial owner.

\* Shelf Companies are incorporated with one class of shares. If you wish more classes of shares, please provide us with details.

## COMPANIES / INCORPORATION FORM

**Shareholder/Beneficial Owner #1** (Delete as Appropriate)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

**Shareholder/Beneficial Owner #2** (Delete as Appropriate)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

**Shareholder/Beneficial Owner #3** (Delete as Appropriate)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

**Shareholder/Beneficial Owner #4** (Delete as Appropriate)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ No. of Shares: \_\_\_\_\_

**REGISTERED OFFICE & SECRETARY**

Please confirm that our local agent or Servco is to provide the Registered Office and Secretary for the Company

Yes  No

## COMPANIES / INCORPORATION FORM

### DIRECTORS

A minimum of one director is required. Director services can be provided by our local affiliate subject to our terms of business. A notarised passport copy or incorporation certificate accordingly, needs to be submitted.

Do you require us to provide directors?

Yes  No

If no, please provide information below.

#### Director #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Director #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Director #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Director #4

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

## COMPANIES / INCORPORATION FORM

### DUE DILIGENCE

Please confirm that the following documents required for each beneficial owner, director, shareholder and attorney are enclosed: (Please refer to Guidance Notes on page 7 for further details.)

Original Bank References	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified Photocopy of Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Curriculum Vitae/Resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notarised Copies of Corporate Documents (Corporate Shareholders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation of Residential Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: All the above documents should be in English or to be accompanied by an official English translation.

### BANKERS

We are able to assist with the establishment and administration of local bank accounts. Accounts may be maintained in a number of foreign currencies. Local regulations require that funds must be brought from abroad.

Do you require us to open a bank account for the company?  Yes  No

\*If yes, name of bank: \_\_\_\_\_

Names of authorised signatories:

Signatory: \_\_\_\_\_ Signatory: \_\_\_\_\_

Signatory: \_\_\_\_\_ Signatory: \_\_\_\_\_

### AUDITORS

A Cyprus Company is required to file annual audited accounts with the Registrar of Companies.

Do you require us to recommend a local auditor?  Yes  No

If no, name of auditing firm of your choice: \_\_\_\_\_

### ACCOUNTING SERVICES

We are able to provide the relevant Accounting/Bookkeeping and VAT services necessary to assist the company and the local auditor in the preparation of year end accounts.

Do you require us to provide accounting and/or VAT services?  Yes  No

### POWER OF ATTORNEY

Please specify if a special power of attorney is required and provide particulars. If required, please give details of the proposed attorney.

Full Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Address: \_\_\_\_\_

*\*Please ask for the list of Banks available.*

## COMPANIES / INCORPORATION FORM

### APOSTILLED DOCUMENTS

If required, please specify the documents.

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### OTHER

Person to whom initial invoice and registration documents are to be sent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person to whom post incorporation invoices are to be sent (if different from above).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Person authorised by beneficial owners to give instructions (if different from above).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide additional information and/or specific requests for consideration.

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## COMPANIES / INCORPORATION FORM

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### DECLARATION

I/we declare and affirm that the information provided herein is true and correct and that the assets to be introduced into the Company are from lawful sources. If requested to do so, we will provide Servco with any further evidence of verification of the identity or activities of the Relevant Individual and will promptly inform Servco of any changes in the shareholding, directors, officers or beneficial owners of the Company. I/we have read and accept Servco's Standard Terms of Business.

### COMPLETED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company/Firm: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COMPANIES / INCORPORATION FORM

### GUIDANCE NOTES

#### **Certified Passport Copy**

A certified copy of the Relevant Individual's passport is required (photograph and signature pages). Certification must be by a suitable person such as a lawyer or accountant, a director or manager of a regulated credit or financial institution, a notary public, a member of the judiciary, a senior civil servant or a serving Police Officer.

The certifier should legibly sign the copy document and clearly indicate his capacity or position on it and, in the case of a passport, must state that the photograph bears a true likeness of the Relevant Individual. Please note that all copy documents provided to us should be clearly legible, particularly those documents containing photographs and signatures.

#### **Proof of Address**

This requirement may be fulfilled by providing a recent utility bill, current year local tax authority bill, current photocard driving licence (provided it contains the Relevant Individual's address), bank, building society or credit union statement or passbook containing current address or most recent original mortgage statement from a recognised lender. Any copy document provided must be certified by either a lawyer, banker or other regulated person and must be legible.

This requirement may be met by including the residential address details in the body of the Reference requested below.

#### **Reference**

A reference from a regulated professional who knows the Relevant Individual in a professional capacity (i.e. is not simply an acquaintance) is required (e.g. a lawyer, accountant or the director or manager of a regulated financial institution). The reference should state the full name of the Relevant Individual, full residential address, date of birth and the length of time the Relevant Individual has been known to the referee. Reference provided should be current, i.e. not older than one month.

The reference should be addressed to Servco Limited.

#### **Requirement**

It is a legal requirement for us to obtain the information and support documentation requested in this form prior to commencing a formal relationship with you as a client. All information and support documentation will be held in the strictest confidence. This form should be read in conjunction with our Terms of Business, which is available on request. By executing this form you are deemed to have accepted our Terms of Business.

#### **Servco Limited**

20 Stasandrou  
1060 Nicosia, Cyprus

Tel: +357 22875304

servco@cytanet.com.cy  
www.servco.com.cy

Please contact Servco office for further information.  
Office contact details are included here.