

## LUXEMBOURG / INCORPORATION FORM

The following information is required to incorporate and establish the corporate records of a Luxembourg Company. Information about the company's beneficial owners, shareholders, directors and officers is kept in strict confidence with us. 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.

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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## LUXEMBOURG / INCORPORATION FORM

- Please indicate structure (Box to be ticked)

**SA - PUBLIC LIMITED COMPANY**

The minimum Authorised Share Capital is EUR31,000 (25% must be paid in)  
Shares can be Nominative or Bearer

**SARL - PRIVATE LIMITED COMPANY**

The minimum Authorised Share capital is EUR12,500 (100% to be paid in)  
Shares can be Nominative only

**CAPITAL**

Standard authorised share capital

Yes

No

If no, please state:

- Currency in which shares are to be issued

US\$

Other

- If other, please specify currency \_\_\_\_\_

- Please indicate which type of shares  
required \_\_\_\_\_

### APPLICATION DETAILS

Full name of Applicant \_\_\_\_\_

Capacity of Applicant(s) (If not a beneficial owner) \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

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

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### SOURCE OF FUNDS

Please describe the source of funds \_\_\_\_\_  
\_\_\_\_\_

## LUXEMBOURG / INCORPORATION FORM

### BENEFICIAL OWNER

Full name \_\_\_\_\_

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

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

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

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

### SHAREHOLDERS

The company must have a minimum of one registered shareholder.

Do you wish us to provide nominee shareholders?  Yes  No

If yes, please use the following 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 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.

### REGISTERED OFFICE

Please confirm that our local affiliate is to provide the Registered Office for the company.  Yes  No

## LUXEMBOURG / INCORPORATION FORM

### DIRECTORS

A minimum of three directors are 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?

If no, please provide information below.

Yes  No

#### 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 \_\_\_\_\_

## LUXEMBOURG / INCORPORATION FORM

### DUE DILIGENCE

Please confirm that the following documents required for each beneficial owner, director, shareholder and attorney are enclosed:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Original Bank References or Trident Trust Group Reference        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notarised 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 (Utility Bill)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 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.

### AUDITORS

A Luxembourg 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 \_\_\_\_\_

Person authorised by beneficial owners to give instructions.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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## LUXEMBOURG / INCORPORATION FORM

### DECLARATION

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 Trident with any further evidence of verification of the identity or activities of the Relevant Individual and will promptly inform Trident of any changes in the shareholding, directors, officers or beneficial owners of the Company. I/we have read and accept Trident's Standard Terms of Business.

### COMPLETED BY

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

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Office contact details are shown here.