



CARIBBEAN GOVERNANCE CONSULTANTS INC.

Incorporation Application

Particulars of Company

- 1. Proposed Company Name:** (ending can be Limited, Ltd., Incorporated, Inc., Corporation or Corp.)

First Choice: _____

Second Choice: _____

Third Choice: _____

- 2. Authorized Share Capital:**

Number of Shares

Par Value of each Share

Total Authorized Capital

Currency

How many classes of Shares

If different rights and preferences attributed to each class of share please attach details Yes No

- 3. For Companies limited by shares please indicate if the Standard Table A will be adopted.**

Yes No

If a non-standard table is to be used please indicate on a separate page the changes to be made.

- 4. Description of Business to be Undertaken by the Company:**

5. Services Required:

Basic Company Incorporation and Administration.

Company Director Company Secretary

Other Services mentioned below:

6. Have you sought legal and tax advice on setting up a company offshore?

Yes No

7. Names and Addresses of Directors and Officers of the Company:

Please list in the table below the full name and address of every individual and/or organisation that is to be a director, member or officer of the company.

| NAME | ADDRESS | TITLE |
|------|---------|-------|
| | | |
| | | |
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| | | |
| | | |

8. Names and Addresses of the Beneficial Owners of the Company:

Please list in the table below the full name, address and share allotment of every individual and/or organisation that is to be a beneficial owner of the company.

| NAME | ADDRESS | SHARE ALLOTMENT |
|------|---------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I/We certify that the information given above is true and correct in every detail and that the company is not being established for illegal tax evasion. The full name of every individual and organisation that initially will be a Beneficial Owner, Member, Director and Officer of a company that is to be established under one of the names given in paragraph 1 of this Incorporation Application by Caribbean Governance Consultants Inc have been given in the tables set forth in paragraphs 7 and 8 above.

CARIBBEAN GOVERNANCE CONSULTANTS INC

TEL 869-465-0051 • info@cgcinonline.com



In the case of an individual this form shall be signed in the presence of a witness.

In the case of a body corporate this form shall be signed by an authorized official and countersigned by a member of the controlling board of who should attach evidence of their authority.

Enclose certified copy of passport, driver's licence and utility bill which provides address and enclose original legal and bank referee.

Signed: _____ Witnessed By: _____

Name in Full: _____ Signed: _____

Address: _____ Address: _____

Dated: _____ Dated: _____
dd/mm/yy dd/mm/yy