

Fill out this form and click on the Submit button to request the incorporation of your company.

I. INFORMATION ON THE CLIENT

Company legal name: _____
 Contact details (address and website): _____
 Activity of the company: _____
 Is your company regulated? If so, please provide details: _____

II. KYC of the client: certified copy of the passport and proof of address of the director, shareholder and beneficial owner of the company.

JURISDICTION: _____

III. NEW INCORPORATION - PROPOSED NAME:

Please provide us with three (3) names in order of preference:

- (a) _____
 (b) _____
 (c) _____

The name must end with the suffix: Limited, Corporation Incorporated, Societe Anonyme, Sociedad Anonima, Ltd, Corp, Inc or S.A. Company name availability is subject to approval from the relevant Registrar.

IV. INTENDED PURPOSE OF THE COMPANY/BUSINESS ACTIVITY:

What business activity will the Company undertake?	
What goods or services will be provided by the Company?	
Within which countries will main trading counterparties be located?	
What is the source of funding for the Company? <i>For the source of funds declared, provide detailed and documented description (e.g. Company name, profession, name of employer, etc.) General statements as investments and/or holding are not accepted.</i>	
Estimated number of requests to the Registered Agent or transactions expected to performed through the Company (Annually)	

V. CAPITAL / SHARE STRUCTURE:

Unless otherwise instructed, the Company will be incorporated as follows:

- (a) Standard share capital.
 (b) the Company may issue registered shares and common shares only.

Do you accept the default capital/share structure as described above?

☐ YES ☐ NO

If **NO**, please provide details:

VI. DIRECTOR INFORMATION:

Complete the details for each of the Director of the Company and indicate whether the Director is Individual or Corporate:

Individual Director – Complete Section I.I

Corporate Director - Complete Section I.II

I.I Individual Director:

Title: Mr Ms Mrs Dr Prof					
Full Name:					
Date of Birth:			Nationality:		
Place of Birth:			Occupation:		
Contact no.:			Email address:		
Residential Address:					
Service Address:					

I.II Corporate Director:

Corporate Name:		Registration Number:	
Entity Type:		Date of Incorporation:	
Place of Incorporation:		Office Type:	
Office Address:			

VII. SHAREHOLDER INFORMATION:

Complete the details for each of the Shareholders of the Company. Please also provide us with a copy of your Register of Shareholders.

Individual Shareholder

Name of Shareholder:		Percentage shareholding:	
Gender:	Date of Birth:	Nationality:	
	Place of Birth:		
Contact no.:		Email address:	
Residential Address:			
Service Address:			

Corporate Shareholder

Name of Shareholder:	Percentage shareholding:
Registration Number:	
Entity Type:	Date of Incorporation:
Place of Incorporation:	Office Type:
Office Address:	

VIII. BENEFICIAL OWNERS / REGISTERED OWNER INFORMATION:

Complete the details for each of the Beneficial Owner* of the Company

Title:	Mr	Ms	Mrs	Dr	Prof
Full Name:					
Gender:	Date of Birth: Place of Birth:		Nationality:		
Contact no.:			Email address:		
Address (no P.O. box):					
Exact occupation: <i>(Profession as lawyer, accountant, etc. General statements as businessman/director and/or entrepreneur are not accepted).</i>					

*Beneficial Owner means the individual who ultimately owns or controls a Company or on whose behalf a transaction or activity is being conducted.

IX. POWER OF ATTORNEY INFORMATION (IF ANY):

Title:	Mr	Ms	Mrs	Dr	Prof
Full Name:					
Gender:	Date of Birth: Place of Birth:		Nationality:		
Contact no.:			Email address:		
Address (no P.O. box):					

X. OFFICER INFORMATION (if applicable):

Full Name:	Office/Position:
Gender:	Date of Birth: Place of Birth:
Nationality:	

Contact no.:	Email address:
Address (no P.O. box):	

XI. MAIN AUTHORISED CONTACT PERSON INFORMATION:

Complete the details for the individual from whom instructions should be taken and communication should be provided going forward.

Full Name:		
Company Name:		
Gender:	Date of Birth: Place of Birth:	Nationality:
Contact no.:	Email address:	
Address (no P.O. box):		
Relationship to Beneficial Owner:		

XII. FATCA

1. A member of the Company holds or held citizenship, nationality, legal residency or is considered a taxpayer in another country than the one stated above? ☐ YES ☐ NO

*If the response is **YES**, please complete and sign the enclosed **FATCA INFORMATION FORM**.*

2. The Company requires FATCA sponsorship until it obtain its own GIIN.
 If the response is **YES**, please provide the Sponsor Company GIIN and Name:

XIII. SUPPORTING DOCUMENTATION:

The following documentation should be provided for each Director, Shareholder (holding 10% or more shares), Beneficial Owner, Individual to whom a power of attorney is granted and Authorised Contact Person:

For Individuals:

1. Certified *copy of a valid identification document (e.g. passport, driver's license or national ID)
2. Certified *copy of proof of address (e.g. utility bill, credit card or bank statement, driver's license, etc.)

For Legal Entities (Company, etc.):

1. Certified * copy of incorporation documents (e.g. certificate of incorporation, memorandum and articles of association, certificate of good standing, etc.)
2. Certified *copy of Register of Directors and Shareholders
3. Certified *copy of a valid identification document (e.g. passport, driver's license, national ID) for each Director and each Shareholder holding 10% or more of shares.
4. Certified *copy of a proof of address (e.g. utility bill, credit card or bank statement, driver's license, etc.) for each Director and each Shareholder holding 10% or more shares.

All documentation provided must be in English or translated into English by a certified translator or by a person with the necessary knowledge of the relevant languages in order to provide an accurate translation in English. If the translator is not an official translator, the following language should be included and signed by the translator at the end of the translation:

“[Name of the person who translated the document(s)]” being fluent in both the English Language and the _____ language, hereby declare that the above-mentioned translation is a true and correct translation of the document included above into the English Language.

“[Name of the person who translated the document(s)]”

Please be advised that the certification of documents must declare that: (a) The certified copy has been seen and compared, and it is a complete and true copy of the original; (b) If the document contains a photograph it bears a true likeness to the individual to whom the certification relates. It must contain the date of certification, the name, signature or seal and contact details of the person certifying the document. A document may be certified by a professional such as a lawyer, accountant, notary public, banker, managing partner, etc. A sample of this certification can be provided upon request.

XIV. LOCATION / ADDRESS WHERE CORPORATE RECORDS AND ACCOUNTING RECORDS WILL BE KEPT:

*Corporate Records (Register of directors and members and minutes to meetings etc.).

We are required by local compliance regulations, to inform you that there might be personal tax implications in your country by reason of holding an International Business Company according to its jurisdiction. We suggest that you contact a tax expert for advice.

I, (print full name) _____ declare:

- a. That the information provided herein is true and accurate to the best of my knowledge and ensure that the source of the funds for the payment of **ICAZA, GONZALEZ-RUIZ & ALEMAN** services/fees are not derived from drug trafficking and/or terrorist activities and/or any form of money laundering.
- b. That none of the services rendered by **ICAZA, GONZALEZ-RUIZ & ALEMAN** will be used to engage in any drug trafficking and/or terrorist activities and/or any form of money laundering and/or any illegal activities.
- c. That I agree to provide **ICAZA, GONZALEZ-RUIZ & ALEMAN** annually a questionnaire providing updates on the company information (including shareholders, directors, UBOs, websites, nature of business and other relevant information), marketing materials or other information as necessary to evidence the nature of the business conducted and any other information that **ICAZA, GONZALEZ-RUIZ & ALEMAN** considers necessary for ongoing due diligence.
- d. That I will notify **ICAZA, GONZALEZ-RUIZ & ALEMAN** of any changes in the above information, in the nature of the business being conducted or to be conducted, any change in ownership or of its directors, officers or controllers or holders of powers of attorney, and of any significant matters impacting the company, in a timely manner (between 5-7 days).
- e. I understand that **ICAZA, GONZALEZ-RUIZ & ALEMAN** cannot incorporate a company or continue to provide any services, if I am unable to comply with the above and provide ongoing due diligence for the Company.
- f. I acknowledge that **ICAZA, GONZALEZ-RUIZ & ALEMAN** is required to file a suspicious activity report if unable to obtain the necessary ongoing due diligence from the company.

Signature _____

Date _____