

This order form leads you through a simple step by step procedure.

<b>Section 1</b>	About the proposed Company
<b>Section 2</b>	Company management and ownership structure
<b>Section 3</b>	Persons and legal entities connected to the company
<b>Section 4</b>	Services and related matters
<b>Section 5</b>	Company documents
<b>Section 6</b>	Form-I

Should you require assistance completing this form please contact our client service team.

Client engagement procedures are found within Appendix A attached hereto.

Please complete this form in BLOCK CAPITALS and send by email to [clientservice@cmltrust.com](mailto:clientservice@cmltrust.com), then send the signed original together with the supporting documentation by mail or courier.

**1.0 - ABOUT THE PROPOSED COMPANY**

Please provide the name of the country and/or the jurisdiction of incorporation (e.g. Hong Kong, BVI etc.).

Country of Incorporation:

**1.1 - PROPOSED COMPANY NAME**

Please provide a list of company names for the proposed company. Please also provide the required suffix to denote Limited Liability status. Refer to the jurisdiction information for available suffixes.

First Choice \_\_\_\_\_ Suffix: \_\_\_\_\_

Second Choice \_\_\_\_\_ Suffix: \_\_\_\_\_

Third Choice \_\_\_\_\_ Suffix: \_\_\_\_\_

**1.2 MEMORANDUM & ARTICLES OF ASSOCIATION**

A standard template Memorandum and Articles of Association (Bye-Laws) is used for all companies. If you require amendments or require specific Articles please provide full details below or on the Notes page attached hereto.

---



---



---

**1.3 SHARE CAPITAL AND CLASS(ES) OF SHARES**

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 license fees. Please refer to the jurisdiction information. If you require a specific share capital and different classes of shares please provide full details below or on the Notes page attached hereto.

---



---



---

**1.4 - PURPOSE OF COMPANY (Tick the appropriate box)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Investment Holding  | <input type="checkbox"/> Trading in Goods/Services | <input type="checkbox"/> Consultancy          |
| <input type="checkbox"/> Property Investment | <input type="checkbox"/> Expatriate Salary         | <input type="checkbox"/> Other please specify |

To assess your application, we need detailed information about what the company will be used for. Please list activities, goods to be traded, trading parties if known, nature of investments and services to be provided. **PLEASE ATTACH A BUSINESS PLAN IF AVAILABLE.**

---



---



---



---



---



---



---



---



---



---



1.5 – COMPANY STRUCTURE

If this Company is to be part of a Corporate Structure i.e. it will either own/part own other companies or be owned/part owned by other corporate entities please provide details to include where they are incorporated, where they are based and what their purpose is within the overall structure. IF THERE ARE NO OTHER CORPORATE ENTITIES PLEASE PROCEED TO 1.6.

Horizontal lines for text input.

1.6 - GEOGRAPHY OF PROPOSED BUSINESS

Please provide detailed information about where the company will trade and/or invest. List regions and countries.

Horizontal lines for text input.

1.7 - HOW WILL THE COMPANY BE FUNDED?

To comply with our statutory duties we must know how the company will be initially and subsequently funded. Please describe the source of funds that will be used to finance the Company in the space below. Documentation must be attached to support this application. Example: if using a loan, a copy of the loan agreement is required, if utilising personal funds, please provide a brief description of the source.

Horizontal lines for text input.

1.8 - ABOUT THE TURNOVER, PROFIT AND TRANSACTIONS OF THE COMPANY

- How much start up capital will be invested into the business? \*
- Estimated annual turnover \*
- What is the anticipated annual profit? \*
- Estimated number of transfers into the company's bank account per month \*
- Estimated value of transfers into the company's bank account per month \*
- Estimated number of transfers out of the company's bank account per month \*
- Estimated value of transfers out of the company's bank account per month \*

\* Please indicate the currency quoted in full

Any other pertinent Information:

Horizontal line for text input.

**2.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE:**

- Would you like Commercial Trust to arrange for the appointment of **Professional Directors/ Managers** to this company?  Yes  No
- Would you like Commercial Trust to provide **Nominee Shareholders/Members** for this company?  Yes  No
- Would you like Commercial Trust to assist in the establishment of a **Trust or Foundation** to own this company?  Yes  No

**2.1 - OWNERS, SHAREHOLDERS, DIRECTORS AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES**

Please provide details of who will be the beneficial owner(s), shareholder(s), director(s), manager(s) or members of the Company. We will require detailed information about the proposed directors/managers after stating the connected persons and/or legal entities below. Please complete a page in Section 3 for each person or legal entity who is to be connected to the company.

Names of Individuals or Legal Entities	Please cross the appropriate boxes			
	Director / Manager	Beneficial Owner	Nominee Services	Number or % of Shares to Issue
Example: Mr John Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**2.2 - COMPANY SECRETARY/ REGISTERED AGENT**

Most jurisdictions require the appointment of a local **Registered Agent**. In such circumstances Commercial Trust will arrange for this appointment. Should it be required by law, Commercial Trust will appoint a Company Secretary to the company if it is requested to provide professional Directors.

**FOR OFFICIAL USE**

Please complete this page for every person or legal entity who/ that is described in section 2.1. If a **legal entity** is connected to the company please fill in sections 3.2, 3.3 and 3.4 only. Two pages provided. Please copy if necessary.

**3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
 First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Languages: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please attach information and documentation as detailed in Appendix A

**3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 Home Fax: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_

**3.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ Office Mobile: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

**3.3 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

Home Telephone:  Home Mobile:  Home Fax:  Home Email :  Home Mail:  Home Courier:   
 Office Telephone:  Office Mobile:  Office Fax:  Office Email :  Office Mail:  Office Courier:

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_

**3.4 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary**

Contact Person  Managing Agent  Intermediary  
 Director/Appointed Manager  Company Secretary  An Existing Client  
 Beneficial Owner/Shareholder, please state percentage ownership : \_\_\_\_\_  
 Other please specify: \_\_\_\_\_

**3.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete this page for every person or legal entity who/ that is described in section 2.1. If a **legal entity** is connected to the company please fill in sections 3.2, 3.3 and 3.4 only. Two pages provided. Please copy if necessary.

**3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
 First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Language: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please attach information and documentation as detailed in Appendix A

**3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_  
 Home Fax: \_\_\_\_\_ Home Email: \_\_\_\_\_

**3.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Office Mobile: \_\_\_\_\_ Office Email: \_\_\_\_\_

**3.3 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

Home Telephone:  Home Mobile:  Home Fax:  Home Email:  Home Mail:  Home Courier:   
 Office Telephone:  Office Mobile:  Office Fax:  Office Email:  Office Mail:  Office Courier:

SPECIAL INSTRUCTIONS:  
 \_\_\_\_\_

**3.4 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary**

Contact Person  Managing Agent  Intermediary  
 Director/Appointed Manager  Company Secretary  An Existing client  
 Beneficial Owner/Shareholder, please state percentage ownership: \_\_\_\_\_  
 Other please specify: \_\_\_\_\_

**3.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4.0 – COMPANY DOCUMENTATION SERVICES**

Please indicate if below if you require any additional documentation or legalised copies.

**NB The cost of certified, notarised and legalised documents is not included in the original quotation, if you require these documents please indicate below and your representative will advise you of the additional charges.**

Document	Certified	Notarised & Apostilled	N&A in Jurisdiction	Legalised at an Embassy	No. of Copies
Certificate Of Incorporation					
Memorandum & Articles Association					
Certificate of Incumbency					
Certificate of Good Standing/Fact					
Appointment of Directors					

If legalised documents are required please state country:

Other important requirements:

---



---

**4.1 – CORPORATE BANKING SERVICES**

If you require assistance with Bank Account Opening please indicate your preference below.

Please note that where Commercial Trust provides Directors to the Company the Bank account must be under the control of Commercial Trust signatories or in special circumstance under Joint Signatory Control.

Type of Account	<input type="checkbox"/> Current/ Checking	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> Fixed Deposit
Signatory (1)	<input type="text"/>	Signatory (2)	<input type="text"/>
Signatory (3)	<input type="text"/>	Signatory (4)	<input type="text"/>
Preferred Location of Account?	<input type="text"/>		
Commercial Trust to recommend a suitable Bank for the opening of a Corporate Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A specific Bank and Branch has been selected by the beneficial owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**5.0 – COMPANY DOCUMENTS**

- Hold company documents in safe custody
- Send company documents to mailing address of: \_\_\_\_\_
- Send company documents to the following person (include name of recipient, address and post code):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.1 – MANDATE**

We will only accept instructions if they are signed by all the owners and/or directors or managers unless a **Managing Agent** is appointed by all the owners to provide instructions. Please provide the full name of the person you wish to appoint as a managing agent and ensure that the form in SECTION 3 is completed for this person so that we have all the necessary information.

Managing Agent's full name: \_\_\_\_\_

Sample Signature: \_\_\_\_\_

**5.2 – 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 Commercial Trust Limited and we have read and agree to be bound by Commercial Trust Limited's Terms of Business, or such other new Terms of Business as may, from time to time.
2. 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.
3. I/we declare that my/our "Source of Wealth" as mentioned in the foregoing has been generated solely from legal activities and/or sources and is entirely attributable to me/us.
4. 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.
5. I/We declare that the person named in 6.1 is hereby appointed as my/our Managing Agent to act on my/our behalf in the management of all of the affairs of the Company but excluding any change of management structure and ownership.
6. I/We do not wish to appoint a Managing Agent

Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

**5.3 – ANY OTHER PERTINENT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CUSTODY ACCOUNT IDENTITY FORM - INDIVIDUAL**

If necessary please supply additional details on separate sheets. Please write clearly in block letters and in black ink.

Surname/family name	
First/given name(s)	
Place and country of birth	
Date of birth	
Passport number/identity card	
Citizenship	
Permanent residential address, including country	
Correspondence address (if different from permanent residential address)	
Private telephone number(s)	
Mobile telephone number	
Private email address	
Current occupation	
Name and address of your business/office or name and address of your employer	
Business telephone number	

**Declaration and authorization to verify information**

*I declare and certify that I have read and understood all the questions in this form and that the information supplied on or with this form, and all attachments, are complete, true and up-to-date in every detail. I hereby authorize Commercial Trust Limited to verify all information provided by me, and I undertake to inform Commercial Trust Limited immediately of any changes.*

---

Place and date

---

Signature

**Attachments**

The following documents are required from each client:

- Valid Passport/identity card copy (showing name, photo, nationality, date and place of issue, expiry date, passport/identity card number and issuing country), or original passport/identity card presented to a senior officer or director or officer Commercial Trust Limited
- One document of evidence of residential address up to 3 months old (e.g. copy of utility bill, or bank statement showing full name and address, or written address confirmation from a bank, attorney, chartered accountant or notary public)

Please return this form and attachments to your trust officer or by email to [clientservice@cmltrust.com](mailto:clientservice@cmltrust.com). Thank you!

**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
- Source of Wealth
- Curriculum Vitae

**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 copy must be certified by a manager of Commercial Trust or any of the following:
  - A notary public
  - A lawyer
  - A banker
  - Another professional person.
4. The person undertaking the certification should be a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature and the certification must be in English or a translation from an independent accredited translator must be attached.
5. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
6. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

*Having seen the individual and the identification documentation at the same time, I certify this is a true copy of the original and that the photograph is a reasonable likeness.*

<i>Name</i>	<i>Signature</i>
<i>Company</i>	<i>Position/Capacity</i>
<i>Phone</i>	<i>Email Address</i>
<i>Date</i>	<i>Membership No (if applicable)</i>

**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 Commercial Trust Limited.

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

**SOURCE OF WEALTH**

A statement is required from the owner(s) providing a brief description as to the origins of his/her wealth and the period over which the wealth was generated.

**CURRICULUM VITAE**

In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and qualifications. Additionally, regulations in certain jurisdictions oblige Commercial Trust to hold C.V.'s on each of its clients.

**DELIVERY OF ORIGINAL DOCUMENTATION**

These may be emailed to us for review but the originals must be sent to us by courier or mail and regretfully we cannot undertake work until the originals have been received. All documents must be in English or if not then a translation from an independent and accredited translator should be attached.

NOTES