



To be completed by an Applicant for the proposed entity

Please complete electronically

New company to be formed

1. Company Type

Exempt company (Ltd/Limited)

LLC (limited liability company)

SEZC (special economic zone company)

Transfer in of existing company

Ordinary resident Ordinary nonresident

Foundation Reinstatement of struck company

Foreign (foreign entity to also be registered in Cayman) Registration by way of continuation (foreign entity to change its domicile to Cayman)

## 2. Proposed Company Name (Please list 3 choices in order of preference)

SPC must include SPC or Segregate Portfolio Company, LLC include LLC and SEZC include SEZC.

First Choice:

Second Choice:

**Third Choice:** 

## 3. Business Activities, Countries of Business, and Source of Funds

Nature of Business:

**Business Activity:** 

Principle countries of business:

Detailed description of Company activities: (please provide a brief explanation)

Source(s) of Funds to (i) to settle our invoices and (ii) to fund/run the company: (please provide full particulars. For example, if generated through employment, please include the name of the employer, your position, number of years employed, and salary)





## 4. Accounting reference date of the company (date financial accounts are made up to annually)

31 December

If you require a different accounting reference date, please specify below:

## 5. Authorised Share Capital (not relevant for LLC or Foreign company types)

Additional government fees are payable where authorized share capital is in excess of US\$50,000.00 for Exempted Companies. The standard currency for capital is USD. If the company's shares are to be issued in another currency, please specify. Shares are only issued in book form. Bearer shares are not permitted.

Please select what authorised share capital the company will be incorporated with:

Authorised share capital of US\$50,000 composed of: 50,000 shares with a par value of US\$ 1.00

Authorised share capital of US\$50,000 composed of: 5,000,000 shares with a par value of US\$ 0.01

If you require a different share capital or currency, please specify below:

## 6. Shareholder/Member (each Shareholder (Member) must complete a subscription agreement and a client information form)

Please list the names, address, nationalities, and shares to be issued for each Shareholder.

Full Name Address (or registered office address if an entity)

A

B

C

D

#### Supervisor (each Supervisor must complete an acceptance letter and a client information form)

Please list each Supervisor below (If you are forming a Foundation ONLY and wish to cancel the share capital so there are no shareholders, then at least one Supervisor must be appointed.

Full Name Address Nationalities (All held)

В



### 8. Directors/Managers (each Director must complete an acceptance letter and a client information form)

Please list the names, address, and nationalities, of each Director. A minimum of one is required

Full Name	Address (or registered office address if an entity)	Nationalities (All held)
A		
В		
С		
D		

#### 9. Ultimate Beneficial Owners (each UBO must complete a client information form)

If a shareholder is acting as a nominee for another person, please provide their name, address and nationalities for each Ultimate Beneficial Owners.

Full Name

Address (or registered office address if an entity)

A

B

#### **10. Economic Substance** (for a transfer in of existing company only)

If the entity conducts a relevant activity for economic substance purposes, please complete the below:

Relevant activity:

**Responsible person:** Registered office. Director.

# 11. Additional Services (tick all applicable)

Express service fee (additional fees payable)

Express, same day formation, required. Regular service is typically 5 business days.

Tax Exemption Certificate (provides against future taxation, should it be introduced for 20 years)

Please confirm if the Company requires a Tax Exemption Certificate.

Accounting Services (if your Company requires accounting services, provided by affiliate)

Please confirm if you would like us to provide a proposal for accounting services.



### 11. Additional Services cont. (tick all applicable)

FATCA/CRS Services (if your Company requires FATCA/CRS registration or reporting services, provided by affiliate)

Please confirm if you would like us to provide a proposal for FATCA/CRS services.

AML Officers (if your Company requires to appoint AML officers, provided by affiliate)

Please confirm if you would like us to provide a proposal for AML Officers.

CIMA Registration or Licensing (if your Company requires assistance with CIMA, provided by affiliate)

Please confirm if you would like us to provide a proposal for CIMA Registration or Licensing.

12. Main points of contact			
Full Name	Email	Telephone	
Contact for invoicing a	nd annual returns:		
Full Name	Email	Telephone	
13. Declaration			
Further, I hereby acknowledge bound by them. I give to	owledge that I have read and unders consent to WB to collect, use and pro	plete, true and correct to the best of my knowledge. tood the WB Terms of Business and agree to be cess all personal and sensitive personal data provided, ayman Islands Data Protections Act (as amended).	
Signature:			
Name:			
Role:			
Date:			

Please ensure that full information is provided throughout in order to avoid any delays in the formation of your entity. WB Corporate Services (Cayman) Ltd. and WB Ltd (WB) reserve the right to request any further information which it may require at any time to ensure the client is fully compliant with all due diligence requirements. For WB to process the entity's formation please return:

- 1. The completed application form
- 2. Certified copies of the due diligence documentation as specified in the Due Diligence Requirements document
- 3. Completed and executed Client Information Forms, Directors Acceptance Letters, and Subscriptions Agreements as necessary
- 4. Your payment (payment instructions are included on the invoice)