Company Incorporation Checklist

1 Name ¹					
2 ^{and} Choice					
(give alternative	e)				
2 Registered Office		Corporate Plaza, 1 st Floor Godfrey Nixon Way PO Box 799, George Town Cayman Islands, KY1-1103 Grand Cayman			
3 Proposed Busines	ss Activities				
4 (i) Authorised Ca	pital				
(ii) Par Value					
5 Ordinary or Exem	pted				
C Standard (4 E day	es turnaraund)				
6 Standard (4-5 days turnaround)		☐ Yes ☐ No			
7 Express (1 day turnaround)		☐ Yes ☐ No			
8 Source of Wealth					
9.0 Shareholders:					
Name	Address	Occupation	No. of Shares		

¹ Names can be reserved prior to filing incorporation documents for a period of one week, one month or three months.

(a)	Is the shareholde recognized Stock		☐ Yes	☐ No		
9.1 (a) (b) (c)	b) provide a certified copy of government issued photo identification ³ ; and					
(b) (c)	 (a) a certified or notarized copy of the Certificate of Incorporation and Register of Members (or equivalent), together with details of the registered office, and place of business; (b) a copy of the last annual report (if published) (c) the above mentioned items specified at paragraph 9.1 subparagraphs (a), (b) and (c) for each of the ultimate controlling owners being any person holding a 10% voting interest or more, or otherwise with principal control over the shareholder's assets; and (d) (d)provide a reference letter from a bank and a reference letter from a law firm or an accounting firm 					
Name	<u> </u>	Address	Occupation	Title		

² A "Controlling Owner": this analysis will require you to "drill down" through indirect corporate and other entities to the ultimate individuals holding a 10% voting interest, if any.

³ Documents must be certified by such professionals as an attorney, accountant, notary public, judge, senior civil servant, government official or director or manager of a regulated credit or financial institution. The certifier should provide their name (in English), signature, contact address, phone number, title, employer name or occupation and the date of certification. Preferably the certification should also read as " This document is certified by me as a true and correct copy of the original " (certifications on a separate cover sheet or slip are not permissible). For further guidance, refer to the specimen set out in Appendix 5.

11 Seal(s) Required ⁴	No seal will be obtained unless expressly requested or expressly stated by CMS			
	NO seal required			
	YES common seal required			
	YES common seal and duplicate seal required			
12 Address for Communications	Tel:			
	Fax:			
	Email:			
13 Address for Annual Return Invoice (if not the same as 10 above) ⁵	Attn:			
	Tel:			
	Fax:			
	Email:			
By signature and return of this checklist, the signatory undertakes to procure that for so long as its registered office is provided by Corporate Management Solutions ("CMS") the company will promptly notify CMS on its behalf in writing of any changes from time to time to its business activities, its directors, officers, shareholders or controlling owner(s). The signatory also undertakes to procure payment of CMS's fees and disbursements relating to the Company's incorporation and the provision of the registered office. I acknowledge the content and requirements of this checklist and confirm for the benefit of CMS the accuracy of the information provided above. I also request that CMS attend to the incorporation of the Company.				
Promoter/Prospective Director/Shareholder/Firm				
Name:				
Date:				

 ⁴ A seal is not mandatory. It may nevertheless still be useful to meet requirements and practices in other jurisdictions. The cost is approximately US\$50 per seal. If the common seal is to be kept by the client, the Company must resolve to keep the seal other than at its registered office.
 ⁵ An annual return invoice is issued by CMS around November/December each year. This invoice includes fees payable to

⁵ An annual return invoice is issued by CMS around November/December each year. This invoice includes fees payable to the Cayman Islands Government and CMS in respect of the incorporation and maintenance of the Company.

Appendix 2: Personal Questionnaire for Directors and Individual Shareholders (If insufficient space is provided, please attach a separate sheet of paper)

1	Name of Company in connection with which this questionnaire is being completed:		
2	Surname:		
	Forename(s):		
	Any previous name(s) by which you have been known:		
	Gender (Male/Female):		
3	Are you completing this questionnaire as a Director or Shareholder:		
4	Private Address:		
5	Occupation:		
6	Date of Birth:		
	Place of birth (including town, state and country):		
7	Nationality:		
8	Number of Passport or other identification document:		
9	Have you at any time been convicted of any offence (except a traffic offence, if any) or been subject to sanctions by a judicial, government, professional or other regulatory body? If so, five full particulars:	☐ Yes	□ No
10	In carrying out your duties will you be acting on the directions or instructions of any other person? If so, give full particulars of such person and the nature of their involvement:	☐ Yes	□ No
comp	CERTIFY that the above information belief and I undertake that, as long as I company I will promptly notify Corporate Manageme half) of any material changes affecting the company I will be company in the company I will be company in the company i	inue to be a directont Solutions (or Corpo	or or shareholder of the aboverate Management Solutions on
Date:			
Signe	ed:		