

CORPORATE MANAGEMENT SERVICES HONG KONG APPLICATION FORM

1. PROPOSED COMPANY NAME(S)

- (i) _____
- (ii) _____
- (iii) _____

2. NATURE OF BUSINESS: [Please '✓' whichever is applicable]

- Operating Business [Please complete (2a)]
- Investment Holding [Please complete (2b)]
- Holding of other Assets [Please complete (2c)]

a (i) Please provide a detailed description of your intended business activities.

(ii) Location(s) from where the business activities are conducted (Country(ies))

(iii) In which countries are the Company's customers based

(iv) In which countries are the Company's suppliers based

(v) Does the Company or its staff require a licence to conduct its business activities legally?

b (i) Type of investments (e.g. Shares, Bonds, Government Securities, Units in Fund Vehicles etc.)

(ii) Location(s) of investments (Country(ies))

(iii) Location(s) of the stock market (for investment in public listed companies)

c (i) Type of assets (e.g. property, aircraft, yacht etc.)

(ii) Location(s) of assets (Country(ies))

3. BUSINESS ADDRESS

Which address will the company be managed / operated from?

4. BUSINESS ACTIVITIES

Source of funds of the Company is from: [Please '✓' whichever are applicable]

- Business Operations
 Shareholder(s)
 Loan
 Others: _____

Please provide a brief description of the Company's source of funds:

Estimated First Year's Annual Turnover US\$ _____

Amount of Initial Capital to be Injected US\$ _____

Expected Amount of Inward Transactions Each Month US\$ _____

Expected Amount of Outward Transactions Each Month US\$ _____

Estimated Number of Transactions Each Month
 1-10
 11-20
 21-40
 41+

Please provide a brief description of the financial transactions anticipated:

5. HOW DID YOU HEAR ABOUT OUR COMPANY?

- Existing Client
 Referral
 Internet Search
 Others: _____

6. PRIMARY CONTACT PERSON(S)

Contact Person 1

Full Name (Mr / Mrs / Ms / Dr _____

Contact Address: _____

Email: _____

Telephone No.: _____

(Please "✓" if only a contact for the purpose of invoicing)

Contact Person 2

Full Name (Mr / Mrs / Ms / Dr _____

Contact Address: _____

Email: _____

Telephone No.: _____

(Please "✓" if only a contact for the purpose of invoicing)

7. Details of Proposed DIRECTOR(S)

If a Director is a corporate body, please complete the company's name next to 'Surname', the Registered Office Address next to 'Residential Address' and the Incorporation number next to 'Passport No.'.

*If your company will appoint **more than 3 directors**, please also complete 'Supplementary Form A'*

Director 1

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

- Director's Residential Address
 Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)
- Other (Please Specify): _____

Director 2

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

- Director's Residential Address
 Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)
- Other (Please Specify): _____

Director 3

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

- Director's Residential Address
 Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)
- Other (Please Specify): _____

8. Details of proposed SHAREHOLDER(S)

If a Shareholder is a corporate body, please complete the company's name next to 'Surname', the Registered Office Address next to 'Residential Address' and the Incorporation number next to 'Passport No.'

*If your company will appoint **more than 3 shareholders**, please also complete 'Supplementary Form B'.*

Shareholder 1

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Number & Percentage of share(s): _____

Email: _____ Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

Source of Wealth: [Please '✓' whichever applicable]

- Business Ownership / Entrepreneurial Activity
 Investments
 Salary
 Inheritance
 Sale of Assets / Shares
 Others: _____

Please provide a brief description of the shareholder's source of wealth:

Shareholder 2

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Number & Percentage of share(s): _____

Email: _____ Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

Source of Wealth: [Please '✓' whichever applicable]

- Business Ownership / Entrepreneurial Activity
 Investments
 Salary
 Inheritance
 Sale of Assets / Shares
 Others: _____

Please provide a brief description of the shareholder's source of wealth:

Shareholder 3

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Number & Percentage of share(s): _____

Email: _____ Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

Source of Wealth: [Please '✓' whichever applicable]

- Business Ownership / Entrepreneurial Activity
 Investments
 Salary
 Inheritance
 Sale of Assets / Shares
 Others: _____

Please provide a brief description of the shareholder's source of wealth:

9. Details of COMPANY SECRETARY

CMS will arrange for the appointment of a Company Secretary. Should you wish to appoint your own company secretary, please contact CMS for further information.

10. ACCOUNTING SERVICES

CMS will arrange for the preparation of annual accounts and audit in Hong Kong. If you DO NOT wish CMS to provide these services, please provide details of your appointed accountant and Hong Kong registered auditor below:

Name of Accountant and Accounting Firm: _____

Address: _____

Name of Auditor and Audit Firm: _____

Address: _____

11. VIRTUAL OFFICE SERVICES (OPTIONAL BUSINESS IDENTITY PACKAGES)

GOLD Package from Hong Kong

(Pls ✓)

Package includes:

- i) Local Hong Kong Telephone Number answered by our professional dedicated Customer Services Team
- ii) Prestigious Business Address to use on all of your company documents, letterheads, business cards and web listings
- iii) Local Hong Kong Fax Number
- iv) Mail Forwarding by regular airmail (FREE) or scanned to your email address
- v) Mail Storage

GLOBAL Package from Hong Kong

(Pls ✓)

Package includes:

- i) A local Hong Kong telephone number ANSWERED IN YOUR COMPANY NAME by a dedicated telephone operator (an additional IDD deposit of US\$300 will also be payable if call diversion is required)
- ii) Prestigious Business Address to use on all of your company documents, letterheads, business cards and web listings
- iii) Local Hong Kong Fax Number
- iv) Mail Forwarding by regular airmail (FREE) or scanned to your email address
- v) Mail Storage

MAILING INSTRUCTIONS:

Please leave all mail at the office of CMS for collection

(Pls ✓)

Please forward mail to the **CONTACT PERSON/S** whose details appear in **Section 6**

(Pls ✓)

Please open and scan all mail to the email address of the **CONTACT PERSON/S** whose details appear in **Section 6**

(Pls ✓)

Special Instructions for mail, telephone calls and/or faxes:

12. METHOD OF PAYMENT (Pls ✓)

Wire/Telegraphic Transfer Cash Credit Card HK\$ Cheque

13. INSTRUCTION MANDATE

Unless you complete this box, we will only accept instructions signed by **ALL** directors and beneficial owners of the company.

CMS is hereby authorised to accept instructions from any director or beneficial owner: [Pls '✓'] Yes No

AND / OR

CMS is hereby authorised to accept instructions from the following person(s) shown below :

a) Signature: _____

Name: _____

b) Signature: _____

Name: _____

c) Signature: _____

Name: _____

d) Signature: _____

Name: _____

14. DECLARATION – To be signed by all directors and beneficial owners

I/We, the person(s) whose name(s) appear below, (referred to from now on in the singular) hereby declare and by my signature below confirm:

(i) I/We request that the Company and or Services be provided to me/us by Corporate Management Services Limited in Hong Kong (referred to from now on as “CMS”) and that I/we have read and understood the requirements contained in this Application Form and in consideration of CMS approving the Application and supplying the Company and/or Services requested, I/we agree to be bound by those conditions as if they were incorporated into and made a part of this Declaration.

(ii) I/We have neither been offered nor have received legal or tax advice from CMS.

(iii) I am/We are the director(s) and beneficial owner(s) of the Company (referred to from now on as “the Company”) ordered from CMS.

(iv) The Company will not be used for the following activities: trading in arms, weapons or munitions; pornography; gambling; trading in security equipment such as stun guns, CS or CN gas, pepper sprays or any other device that could lead to the abuse of human rights or be utilized for torture; mercenary or contract soldiering; industrial espionage; hazardous chemicals, biological matter or nuclear materials including the disposal of toxic waste or the dumping of such materials; human or animal organs destined for medical purposes; genetic material; adoption agencies including surrogate motherhood; establishing universities or colleges to provide degrees or qualifications; the provision of credit cards; pyramid sales or time share.

(v) The Company will not be used for financial business involving the solicitation of funds from the general public; offering investment advice to the general public; the management of investments other than the property of the company or the operation and administration of collective investment schemes.

(vi) I am/We are not prohibited under the laws of any country by reason of being a minor or otherwise disqualified from being a party to a contract; I am/We are not and have never been an undischarged bankrupt; my/our assets are sufficient to meet the current or expected demands of my/our creditors; I/We have never been disqualified from acting as a director in any jurisdiction or been imprisoned or found guilty of any criminal offence (other than a motoring offence carrying a non custodial sentence) or been proven to have acted in a fraudulent or dishonest manner in any civil proceedings, I/we have never been subject to a judicial or other official enquiry and I/we am/are not resident in a country subject to any embargo imposed by the Security Council of the United Nations or Hong Kong.

(vii) The Company will not be used for any purpose which is illegal under the laws of the place of incorporation, management or elsewhere.

(viii) The Company will not be used in any manner whatsoever that may damage the reputation of CMS or the country of incorporation of the Company.

(ix) The Company will have no involvement or association with individuals, governments, entities or organisations that are targeted by sanctions.

(x) I/We will at all times irrevocably and unconditionally hold harmless and indemnify CMS and any parent, subsidiary or affiliate thereof and their directors, officers, employees, agents and consultants against all proceeding, suits, damages, fines, expenses, penalties and liabilities arising or brought against any of them by reason of any breach of the above declarations or the provision of the Company and any services.

(xi) Any dispute arising out of the Application or the provision of the Company or Services pursuant to it shall be governed by the law of Hong Kong and submitted to the exclusive jurisdiction of its Courts.

(xii) CMS shall be entitled by written notice to cease providing services with immediate effect if the client’s or client’s appointees in the reasonable opinion of CMS fail to observe to the fullest extent the terms of this Declaration, and in the event of any legal proceedings are commenced against the Company, the clients or the clients appointees.

(xiii) All fees are due upon presentation of our invoice and no refunds will be given after purchase. CMS reserves the right to amend its fee schedule without prior notice.

SIGNATURE _____
 FULL NAME _____
 POSITION _____
 DATE _____

SIGNATURE _____
 FULL NAME _____
 POSITION _____
 DATE _____

SIGNATURE _____
 FULL NAME _____
 POSITION _____
 DATE _____

SIGNATURE _____
 FULL NAME _____
 POSITION _____
 DATE _____

15. SUPPORTING DOCUMENTS

Please submit a proof of identity and proof of residential address for the Company's individual director(s), shareholder(s) and ultimate beneficial owner(s).

A. PROOF OF IDENTITY

- A Current Valid Full Passport, **OR**
- A Current Valid Permanent Hong Kong ID Card

B. PROOF OF RESIDENTIAL ADDRESS

- A copy of a recent (NOT OLDER THAN THREE MONTHS) utility bill (gas, water, electricity etc.) showing the residential address, **OR**
- A copy of a recent (NOT OLDER THAN THREE MONTHS) bank statement or credit card statement showing the residential address, **OR**
- A copy of a photo driving licence showing the residential address.

Please submit the following additional documents for companies with corporate directors and/or corporate shareholders.

C. CORPORATE DOCUMENTS

- Certificate of Incorporation/Formation or equivalent, **AND**
- Articles of Association or Memorandum and Articles of Association, **AND**
- Details of the ownership and control structure of the company e.g. Annual Return, Certificate of Incumbency, company search enquiry of the registry in the place of incorporation etc.

Please fax or email your signed application form and supporting documents for immediate processing.

CORPORATE MANAGEMENT SERVICES LIMITED
26th Floor, Beautiful Group Tower, 77 Connaught Road Central,
Central, HONG KONG
Tel: +852 2115 9878 Fax: +852 2115 9818
Email: info@cmshk.com
Website: www.cmshk.com

Payment by Credit Card			
I HEREBY AUTHORIZE YOU TO DEBIT MY CREDIT CARD BELOW FOR OUTSTANDING FEES DUE:			
Name of Company			
Amount	US\$	Invoice Ref	

Please note an exchange rate @ 7.9 will be used for payment conversion into local Hong Kong Dollars and a standard Service Charge of 4% will be applicable

Credit Card Details			
<input type="checkbox"/> Visa/ MasterCard		<input type="checkbox"/> American Express	
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CVC Security Code (Four Digits for AMEX cards)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry date of Credit Card	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Issuing Bank of Credit Card			
Cardholders Name			
BILLING ADDRESS FOR THIS CREDIT CARD			
DO YOU WISH TO USE THE ABOVE CREDIT CARD FOR FUTURE PAYMENT OF ANNUAL FEES? NO <input type="checkbox"/> (Pls ✓) YES <input type="checkbox"/> (Pls ✓) <i>Please sign</i> _____			
Signature			Date
For Office Use Only	Authorization Code No.		Code Date

Supplementary Part A

7. Details of Proposed DIRECTOR(S)

If a Director is a corporate body, please complete the company's name next to 'Surname', the Registered Office Address next to 'Residential Address' and the Incorporation number next to 'Passport No.'.

Director 4

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

Director's Residential Address Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)

Other (Please Specify): _____

Director 5

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

Director's Residential Address Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)

Other (Please Specify): _____

Director 6

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Years of Business Experience: _____

Email: _____ Telephone No.: _____

Director's correspondence address (Open for public inspection on the Hong Kong Companies Registry):

Director's Residential Address Hong Kong Registered Office Address (Available for Subscribers of our Virtual Office Services in section 11)

Other (Please Specify): _____

Supplementary Part B

8. Details of proposed SHAREHOLDER(S)

If a Shareholder is a corporate body, please complete the company's name next to '**Surname**', the Registered Office Address next to '**Residential Address**' and the Incorporation number next to '**Passport No.**'.

Shareholder

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Number & Percentage of share(s): _____

Email: _____ Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

Source of Wealth: [Please '✓' whichever applicable]

Business Ownership / Entrepreneurial Activity Investments Salary

Inheritance Sale of Assets / Shares Others: _____

Please provide a brief description of the shareholder's source of wealth:

Shareholder

Surname: _____ Given Name(s): _____

Residential Address: _____

Passport No.: _____ Nationality: _____

Occupation: _____ Number & Percentage of share(s): _____

Email: _____ Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

Source of Wealth: [Please '✓' whichever applicable]

Business Ownership / Entrepreneurial Activity Investments Salary

Inheritance Sale of Assets / Shares Others: _____

Please provide a brief description of the shareholder's source of wealth:
