

CORPORATE MANAGEMENT SERVICES APPLICATION FORM

1. COUNTRY OF INCORPORATION _____

2. PROPOSED COMPANY NAME (Please Provide Three choices)

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

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

- Investment holding [Please complete (3a)]
- Holding of other Assets [Please complete (3b)]
- Operating Business [Please complete (3c)]

a (i) Type of investments

(ii) Location of investments

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

b (i) Type of assets (e.g. property, debentures, yacht etc.)

(ii) Location of assets

c (i) Type of products or services

(ii) From which countries is the company manufacturing, distributing, trading, offering its products / services

(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 or a registration of some kind to conduct its business activities legally?

4. BUSINESS ADDRESS

Which address will the company be managed / operated from? _____

5. BUSINESS ACTIVITIES

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

- Beneficial owner(s)
 Shareholder(s)
 Loan
 Others (Please specify): _____

Estimated First Year's Annual Turnover US\$ _____
 Amount of Initial Capital to be Injected US\$ _____
 Expected Amount of Remittances Received Each Month US\$ _____
 Expected Amount of Payments to be Made Each Month US\$ _____
 Estimated number of transactions each Month _____

6. HOW DID YOU HEAR ABOUT OUR COMPANY? _____

7. Contact Details

Family Name (Mr / Mrs / Ms / Dr _____
 Given Name: _____
 Contact Address: _____
 Post Code: _____
 Country: _____
 Telephone No.: _____
 Email: _____

8. Details of Proposed DIRECTORS

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 / ID No.'.

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

Director 1

Surname: _____
 Given Name(s): _____
 Residential Address: _____
 Nationality: _____
 Passport / ID No.: _____
 Date of Birth: _____
 Years of Experience in Business: _____
 Occupation: _____
 Email / Telephone No.: _____

Director 2

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Date of Birth: _____

Years of Experience in Business: _____

Occupation: _____

Email / Telephone No.: _____

Director 3

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Date of Birth: _____

Years of Experience in Business: _____

Occupation: _____

Email / Telephone No.: _____

9. Details of proposed SHAREHOLDERS

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 / ID No.'

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

Shareholder 1

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Occupation: _____

Date of Birth: _____

Number & Percentage of share(s): _____

Email / Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

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

Entrepreneurial Activity Investments Salary

Others (Please specify): _____

Shareholder 2

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Occupation: _____

Date of Birth: _____

Number & Percentage of share(s): _____

Email / Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

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

Entrepreneurial Activity Investments Salary

Others (Please specify): _____

Shareholder 3

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Occupation: _____

Date of Birth: _____

Number & Percentage of share(s): _____

Email / Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

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

Entrepreneurial Activity Investments Salary

Others (Please specify): _____

10. 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.

11. ACCOUNTING SERVICES (For Hong Kong Registered companies only)

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: _____

12. PLEASE INVOICE ME ANNUALLY, AS FOLLOWS:

Same as CONTACT PERSON whose details appear in Section 7

(Pls) OR

Family Name (Mr / Mrs / Ms / Dr) _____

Given Name: _____

Contact Address: _____

Post Code: _____

Country: _____

Email: _____

Telephone No.: _____

Mobile No.: _____

Special Instructions : _____

13. VIRTUAL OFFICE SERVICES (OPTIONAL BUSINESS IDENTITY PACKAGES)

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) Use of our prestigious address for letterhead and business cards purposes
- iii) A local Hong Kong fax number
- iv) FREE weekly mail forwarding services (Air Mail) and/or Mail Storage

GOLD Package from Hong Kong

(Pls)

Package includes:

- i) Use of our prestigious address for letterhead and business cards purposes
- ii) A local Hong Kong telephone number answered by our dedicated Customer Services Centre
- iii) A local Hong Kong fax number
- iv) FREE weekly mail forwarding services (Air Mail) and/or Mail Storage

MAILING INSTRUCTIONS:

Please forward mail to the CONTACT PERSON whose details appear in Section 7

(Pls)

Please scan all mail to the email address of the CONTACT PERSON whose details appear in Section 7

(Pls)

Please leave all mail at CMS for collection (Available for GLOBAL and GOLD Packages Only)

(Pls)

Others (Please specify): _____

Special Instructions for telephone calls and/or faxes _____

14. METHOD OF PAYMENT (Pls ✓)

Wire/Telegraphic Transfer
 Cash
 HK\$ Cheque
 Credit Card

15. Please Advise Where We Should Deliver the Corporate Documents

Same as **CONTACT PERSON** whose details appear in **Section 7** (Pls ✓) OR

Family Name (Mr / Mrs / Ms / Dr _____

Given Name: _____

Contact Address: _____

Post Code: _____

Country: _____

Email: _____

Telephone No.: _____

Mobile No.: _____

All company documents will be delivered by COURIER unless otherwise instructed OR

The documents will be collected from the CMS office: YES (Pls ✓)

Special Instructions _____

16. INSTRUCTION MANDATE – Important

Unless you complete this box, we will only accept instructions signed by **ALL** the owners of your 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 persons shown below :

a) Name: _____

Signature: _____

b) Name: _____

Signature: _____

c) Name: _____

Signature: _____

d) Name: _____

Signature: _____

17. DECLARATION – To be signed by all 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 request that the Company and or Services be provided to me by Corporate Management Services Limited in Hong Kong (referred to from now on as “CMS”) and that I 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 agree to be bound by those conditions as if they were incorporated into and made a part of this Declaration.

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

(iii) I am/We are the 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 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 not and have never been an undischarged bankrupt; my assets are sufficient to meet the current or expected demands of my creditors; I 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 have never been subject to a judicial or other official enquiry and I am 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 or in any manner whatsoever that may damage the reputation of CMS or the country of incorporation of the Company.

(viii) I 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.

(ix) 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.

(x) 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.

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

(xii) The English version shall prevail whenever there is a discrepancy between the English and the Chinese versions.

FULL NAME _____
SIGNATURE _____
DATE _____

FULL NAME _____
SIGNATURE _____
DATE _____

FULL NAME _____
SIGNATURE _____
DATE _____

FULL NAME _____
SIGNATURE _____
DATE _____

In order to process your order, please submit the following TWO validation documents with the completed CMS application form.

A. PROOF OF IDENTITY

To establish the identity of all parties mentioned in this Application Form you must provide a copy of ONE OF THE FOLLOWING:

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

B. PROOF OF ADDRESS

To confirm the home address of all parties mentioned in this application, please provide ONE OF THE FOLLOWING, for each party:

- A copy of a recent (NOT OLDER THAN THREE MONTHS) utility bill (telephone, electricity etc.) showing the home address, **OR**
- A copy of a recent (NOT OLDER THAN THREE MONTHS) bank statement or credit card statement showing the home address, **OR**
- A copy of Photo driving licence showing Photo and Address.

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

Should you require any assistance completing this form, please contact:

**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 3% will be applicable

Credit Card Details

<input type="checkbox"/> Visa/ MasterCard	<input type="checkbox"/> American Express
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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"/> <input type="text"/>
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CVC Security Code (Four Digits for AMEX cards)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Expiry date of Credit Card	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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Issuing Bank of Credit Card	
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Cardholders Name	
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BILLING ADDRESS FOR THIS CREDIT CARD	

DO YOU WISH TO USE THE ABOVE CREDIT CARD FOR FUTURE PAYMENT OF ANNUAL FEES?

NO (Pls ✓) YES (Pls ✓) *Please sign* _____

Signature		Date	
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For Office Use Only	Authorization Code No.		Code Date
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Supplementary Part A

8. Details of Proposed DIRECTORS

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 / ID No.'.

Director 4

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Date of Birth: _____

Years of Experience in Business _____

Occupation: _____

Email / Telephone No.: _____

Director 5

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Date of Birth: _____

Years of Experience in Business _____

Occupation: _____

Email / Telephone No.: _____

Director 6

Surname: _____

Given Name(s): _____

Residential Address: _____

Nationality: _____

Passport / ID No.: _____

Date of Birth: _____

Years of Experience in Business _____

Occupation: _____

Email / Telephone No.: _____

Supplementary Part B

9. Details of proposed SHAREHOLDERS

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 / ID No.'

Shareholder

Surname: _____
 Given Name(s): _____
 Residential Address: _____
 Nationality: _____
 Passport / ID No.: _____
 Occupation: _____
 Date of Birth: _____
 Number & Percentage of share(s) : _____
 Email / Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

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

Entrepreneurial Activity Investments Salary
 Others (Please specify): _____

Shareholder

Surname: _____
 Given Name(s): _____
 Residential Address: _____
 Nationality: _____
 Passport / ID No.: _____
 Occupation: _____
 Date of Birth: _____
 Number & Percentage of share(s) : _____
 Email / Telephone No.: _____

Beneficial Owner: [Please '✓'] Yes No

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

Entrepreneurial Activity Investments Salary
 Others (Please specify): _____