

# ORDER FORM

## JURISDICTION

☐ Seychelles

☐ Other

## COMPANY NAME

Kindly Propose 1-6 IBC names in order of preference. Please note that it is mandatory for all Seychelles IBCs to be accompanied by a suffix such as Limited, Corporation, Incorporation or their relevant abbreviation-Ltd, Corp, Inc

## ACTIVITIES

☐ Use standard wording of Company activities (recommended):

[The objects of the company are to engage in any act or activity that is not prohibited under any law for the time being in force in Seychelles, except that the company shall not carry on any banking, insurance, reinsurance or trust business and subject to specific limitations as set forth by the Seychelles International Business Companies Act 2016.]

☐ Use specific wording of Company activities, as specified below:

## SHARE CAPITAL

☐ Register standard authorised share capital. [US\$100'000 divided into 100'000 shares of US\$1 each]

☐ Register other amount of authorised share capital:

Divided into                      shares of                      each

## ULTIMATE BENEFICIAL OWNER: (must reflect on Proof of Address)

Name:

Address:

## City, State, Zip Code

Phone No.:                      (       )

Fax No.:                        (       )

Email:

Countries where company will trade:

Source of Funds:

## Company Activities:

### SHAREHOLDERS

Please indicate type of shareholder(s) to be appointed:

- ☐ Nominee Shareholder Individual
- ☐ Nominee Shareholder Corporate
- ☐ Issue / transfer shares to the following shareholder(s):

No of Shares:

Name:

Address:

- ☐ Acting as nominee shareholder/holding shares for another party  
Please state details of the other party. Kindly note KYC documentations also required on the other party. If there is more than one shareholder, please copy the data fields from above to indicate full information for each shareholder.

### DIRECTORS

Please indicate type of director(s) to be appointed:

- ☐ Nominee Director Individual
- ☐ Nominee Director Corporate
- ☐ Appoint the following as Director(s).

Full Name:

Address: (must reflect on Proof of Address)

- ☐ Acting as nominee director/for and on behalf of another director.

Please state details of the other party. Kindly note KYC documentations also required on the other party  
If there is more than one director, please copy the data fields from above to indicate full information for each Director.

### POWER OF ATTORNEY (FREE OF CHARGE IF TAKEN WITH NOMINEE DIRECTOR)

No of Power of Attorney:

Full Name:

Nationality:

Personal ID Number:

Passport number:

If there is more than one person to be appointed, please copy the data fields from above to indicate full information for each person to be appointed.

**[ ] LEGALISATION OF DOCUMENTS**

Please provide the following additional legalisation for the Company documents

- [ ] Original Certificate of Incorporation by Apostille  
[ ] Set of certificated copies of primary documents by Notary and Apostille  
[ ] Power(s) of Attorney by Notary and Apostille  
[ ] Other [ ] by Notary [ ] by Apostille

**CORPORATE SEAL (Mandatory for Opening of Bank Accounts in Mauritius)**

- [ ] YES  
[ ]

**BANK INTRODUCTION**

- [ ] ABC Bank Mauritius –(minimum deposit call account- us\$ 1000 maintained at all times, internet banking, debit card-mastercard  
  
[ ] ABC Bank Mauritius –(minimum deposit call account- US\$ 1,000 maintained at all times Internet banking, debit card-mastercard

**Currency of bank account:**

- [ ] EUR [ ] Sterling  
[ ] US\$ [ ] Other

- [ ] Internet Banking  
[ ] International Debit Card

**POLITICALLY EXPOSED PERSON DECLARATION**

I am NOT a Politically Exposed Person (PEP) I [ ]  
am a Politically Exposed Person (PEP) [ ]

**OTHER INSTRUCTIONS/REQUIREMENTS**

**[ ] MAIL FORWARDING**

**COURIER ADDRESS FOR DELIVERY**

## **DUE DILIGENCE (KYC)**

### **PROOF OF IDENTITY DOCUMENTATION FOR EACH BENEFICIAL OWNER, SHAREHOLDER, DIRECTOR AND COMPANY SECRETARY (IF REQUIRED):**

1. CERTIFIED COPY PASSPORT (OR NATIONAL IDENTITY CARD)
2. CERTIFIED COPY DRIVER'S LICENCE
3. PROOF OF RESIDENTIAL ADDRESS (BANK STATEMENT, UTILITY BILL NOT MORE THAN 3 MONTHS)
4. BANK REFERENCE LETTER

### **DOCUMENTS MUST BE CERTIFIED AS TRUE COPY OF THE ORIGINAL BY ANY OF THE FOLLOWING:**

- NOTARY PUBLIC
- LAWYER
- REPUTABLE BANK

## **CONFIDENTIALITY**

ALL INFORMATION PROVIDED TO A.C.M.L WILL REMAIN PRIVATE AND CONFIDENTIAL (EXCEPT WHERE REQUIRED BY THE LAW).

### **I/WE DECLARE AND CONFIRM THAT:**

- THE INFORMATION CONTAINED ABOVE IS CORRECT AND I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR TERMINATION OF SERVICE BY A.C MANAGEMENT LIM-ITED
- I/WE AM/ARE THE ULTIMATE BENEFICIAL OWNER/S OF THE COMPANY
- WE HAVE READ AND AGREE TO BE BOUND BY A.C MANAGEMENT LIMITED BUSINESS TERMS AND CONDITIONS (ATTACHED) OR SUCH BUSINESS TERMS AND CONDITIONS AS MAY BE AMENDED FROM TIME TO TIME.
- THE COMPANY WILL NOT BE USED FOR ANY ILLEGAL PURPOSES.
- I/WE WILL COMPLY WITH ANY TAX OR REPORTING REQUIREMENT IN MY COUNTRY OF RESIDENCE OR DOMICILE.
- UPON RENEWAL OF THE COMPANY I/ WE UNDERTAKE TO CONFIRM TO A.C.M.L AS TO WHETHER THERE HAS BEEN ANY CHANGES TO THE BENEFICIAL OWNERSHIP, BUSINESS ACTIVITY AND COMPANY DIRECTOR/S OR SHAREHOLDER/S OF THE COMPANY.

DATE:

BENEFICIAL  
OWNER FULL  
NAME AND  
SIGN: