

Offshore Management & Corporate Services Corporation

("OMACO")

Incorporation Instructions

1. Country of Incorporation _____

2. Please give three (3) names in order of priority:

1. _____

2. _____

3. _____

3. Describe the nature of the business to be undertaken by the company (please be specific)

4. Name and address of directors (normally OMACO will provide nominee directors so please tick this box)

If not, please provide us the names, nationalities, addresses and required position of the candidates:

Name	Nationality	Address	Position

5. Details of company secretary (normally OMACO provides secretarial services so please tick this box)

Name	Nationality	Address	Position

6. Details of shareholders (please tick one box only)

The following parties are to be registered as shareholders

Please provide nominee shareholders

Our standard authorized capital is:

Jurisdiction	Name of Shareholder	No. of Shares	Number of Shares

	(if not bearer)		
Panama	US\$10,000	100	US\$100.00
BVI	US\$50,000	50,000	US\$1.00
Bahamas	US\$50,000	50,000	US\$1.00
Costa Rica	1,000 Colones	10	100

- a. Amount of Shares to be issued: _____
- b. Number of share certificates to be issued*: _____
- c. Type of shares: Bearer* Registered*
- d. *If registered, or if not all shares are for the same amount, please complete the following:

No. of Certificate	Name of Shareholder (if not bearer)	Address	Number of Shares

7. Details of Contact Person (who do you want OMACO to contact regarding the affairs of the company?)

Name _____ OMACO is requested to communicate
Address _____ using the following methods:

_____ Mail _____

_____ Telephone + _____

_____ Fax + _____

_____ E-mail _____

_____ Post Code _____ (please tick appropriate box/boxes)

8. Mail forwarding instructions (If you wish OMACO to provide mail forwarding services please tick this box)

If you would like us to forward mail, telephone messages and faxes to the contact person in section 7 please tick this box.

If not, where would you like mail, telephone messages and faxes sent?

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

First Name(s) _____ Fax _____

Permanent Address _____ E-mail _____

_____ Special instructions _____

_____ Post Code _____

9. Type of power(s) of attorney (if needed): **Special** **General**

In the name of the following persons:

Family Name (Mr/ Mrs/ Ms) _____
First Name(s) _____
Permanent Address _____

_____ Post Code _____

Family Name (Mr/ Mrs/ Ms) _____
First Name(s) _____
Permanent Address _____

_____ Post Code _____

For a special power of attorney, these are the instructions:

10. Special instructions regarding incorporation documents:

Notarization
Notarization and legalization by the consulate of _____
Apostille

11. Information required for individual clients:

Name of Beneficial Owner(s)	Passport Number	Nationality

12. Information required for Institutional clients:

Name of Company	Officer in Charge

13. My email address is: _____

14. Method of Initial Payment (please note that incorporation price must be paid prior to delivery of a company) Please tick desired method:

- A bank transfer (Please send us your fax number)
- A bank/personal cheque made payable through a US bank in US dollars.

We understand that work on this company will not commence until this cheque has cleared.

15. Terms and Conditions / Declaration

I/We, the person(s) whose name(s) and address(es) appear below, (referred to from now on in the singular) as beneficial owner(s) of this company hereby declare and by my(our) signature below confirm:

- (i) that all the information I(we) have provided in this form is true and correct;
(ii) that I received legal advice from lawyers located at the place of operation of this company, or that a recommendation to obtain legal advice was duly made;
(iii) that the Company will not be used for money laundering, terrorist activities, receiving the proceeds of drug trafficking, trading in arms, munitions or other weapons, soliciting funds from the general public, offering investment advice to the general public, the management of investments other than the property of the Company, the operation and administration of collective investment schemes, trading with countries subject to any embargo authorized by the Security Council of the United Nations, or for any other purpose which is illegal under the law of the place of incorporation or management;
(iv) that I have neither been offered nor have received legal advice from OMACO or any company related to OMACO ;
(v) that I will at all times irrevocably and unconditionally hold harmless and indemnify OMACO and any parent, subsidiary or affiliate thereof and their directors, officers and employees and nominee directors and others provided by OMACO against all proceedings, 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/or the Services to me or my use thereof;
(vi) I include a copy of my passport authenticated by a Notary Public

Name & Signature _____ Witnessed by _____
Name & Signature _____ Signature _____
Name & Signature _____ Witness address _____
Name & Signature _____
Date _____ Date _____

16. If you wish OMACO to provide Nominee Directors, we need one (1) banking reference letter and one (1) personal reference letter about you as the Client / Beneficial Owner in order to process the incorporation.

17. This Application Form, a copy of your passport authenticated by a Notary Public and the Letters of Reference (if you require nominee directors) must be copied by a "Scanner" in your computer and then you may send them to us by email to info@the-offshore-site.com.

As soon as we receive them, we will reply to you with payment instructions.