



COMPANY SERVICES
FOR PRIVATE CLIENTS ONLY

CLIENT QUESTIONNAIRE AND APPLICATION FORM
COMPANY SERVICES

UPON COMPLETION OF THIS FORM PLEASE
FORWARD TO ONE OF OUR REGIONAL
HEADQUARTERS OR TO A GROUP OFFICE
MOST CONVENIENT AND APPROPRIATE TO
YOU.

NOT FOR DISTRIBUTION
PRIVILEGED INFORMATION



If you need help completing this form, please contact any OCRA Worldwide office.

Details can be found on www.ocra.com

Complete in BLOCK CAPITALS and return to us

(1) ABOUT THE CONTACT PERSON (typically the person completing this form)

Title (e.g. Mr, Mrs, Ms, Doctor)	<input type="text"/>
Family Name	<input type="text"/>
First and Other Names	<input type="text"/>
Any Former Names	<input type="text"/>
Occupation	<input type="text"/>

Provide information about your business and professional experience (attach Work History, Resume or CV if available).

Passport Number	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Place of Birth	<input type="text"/>
Home Email	<input type="text"/>	Office Email	<input type="text"/>
Home Telephone	<input type="text"/>	Office Telephone	<input type="text"/>
Home Facsimile	<input type="text"/>	Office Facsimile	<input type="text"/>
Mobile	<input type="text"/>	Office Website	<input type="text"/>

Permanent Home Address

City	<input type="text"/>	State / County	<input type="text"/>
Post Code / Zip Code	<input type="text"/>	Country	<input type="text"/>

Office Details

Company Name

Position Held

Address

City	<input type="text"/>	State / County	<input type="text"/>
Post Code / Zip Code	<input type="text"/>	Country	<input type="text"/>

Contact Instructions (e.g. call home phone before faxing)

(2) ABOUT THE PROPOSED COMPANY

Jurisdiction (e.g. Isle of Man or Hong Kong)

PROPOSED COMPANY NAME

First Choice

Alternative One

Alternative Two

Have you selected this company name from our Shelf Company List?

Yes

No

PURPOSE OF COMPANY - tick the appropriate box(es)

Investment

Trading

Consultancy

Property

Expatriate Salary

Other

To assess your application, we need detailed information about what the Company will be used for. Please list activities, goods to be traded and services to be provided. Please attach Business Plan, if available.

GEOGRAPHY OF PROPOSED BUSINESS

Provide detailed information about where the Company will trade. Please list both regions and countries.

HOW WILL THE COMPANY BE FUNDED? (Tick the box)

To comply with our statutory duties to prevent money laundering, **we must** know how the Company will be funded.

Please describe the source of the funds that will be used to finance the Company in the space below. Documentation **must** be attached to support your application.

Example: If using a loan, a copy of the loan agreement is required, if utilising personal funds, documentation will be required from the bank concerned.

(3) ABOUT THE EXPECTED TURNOVER OF THE COMPANY

Estimated Annual Turnover	*
How much start up capital will be invested into the business?	*
Estimated number of transfers into the Company's bank account per month	*
Estimated value of transfer into the Company's bank account per month	*
Estimated number of transfers out of the Company's bank account per month	*
Estimated value of transfer out of the Company's bank account per month	*
* Please indicate the currency quoted in full	

(4) BENEFICIAL OWNERS, SHAREHOLDERS AND DIRECTORS

Please provide details of who will be the beneficial owner, shareholder and director of the Company. Please complete **Appendix A** for each person to be appointed except for the Contact Person.

Do you require Professional Director Services? Yes No

Please insert "YES" to appropriate boxes below

Names	Director	Owner	Nominee Services	Number or % of Shares to Issue
Example: Mr John Smith	Yes	Yes	Yes	5%
(1)				
(2)				
(3)				
(4)				

Would you like us to establish a trust to own this company? Yes No

(5) COMPANY SECRETARY

Should it be required, OCRA shall appoint a Company Secretary for this company, unless otherwise instructed.

(6) OTHER SERVICES

Please indicate if you require any services below and we will contact you shortly:

- (a) Virtual office services (use of our address, mail forwarding, telephone and fax handling)
- (b) Opening of a bank account
- (c) Trading services (Letter of Credit, Bill of Exchange for import/export trading)
- (d) Financial accounts preparation (Accounts are required if we provide directors.)
- (e) Independent audit arrangements
- (f) Please state any other services you may require:

(7) INITIAL FEES – please select from the options below

OPTION A – CREDIT CARD

Type of card (we accept VISA, MasterCard, Amex and Diners)

Card Number Expiry Date

Card Security Code (3 digits on reverse of card for VISA/Mastercard or 4 Digits on front of AMEX card)

Card Holder's Name (as shown on card)

Billing Address (please complete if this is **not** the mailing address for the Card Holder as indicated in SECTION 2)

Today's Date

Authorising Signature

After debiting my card: Do nothing at all

Send an email to Advise by fax to this number

OPTION B – BANK TRANSFER

Should you wish to pay by bank transfer please tick here.

We will advise you of the appropriate office bank account by return e-mail or fax.

Please quote a reference including your Company name and the name of the OCRA consultant handling your affairs.

Person/Company making transfer

Bank from which transfer will be sent

OPTION C – CHEQUE AND TRAVELLERS CHEQUES

A cheque for the USD/GBP amount of Is attached Is being sent

OPTION D – BANKERS ORDER

A bankers order for the USD/GBP amount of Is attached Is being sent

(7.1) PAYMENT OF ANNUAL FEES – please select from the options below

OPTION A – DEBIT CREDIT CARD (details above)

OPTION B – SEND INVOICE TO MAILING ADDRESS OF

EMAIL INVOICE TO EMAIL ADDRESS

Or the following person (name and address):

OPTION C – DEBIT COMPANY'S BANK ACCOUNT

Send copy of invoice to mailing address of (if applicable):

(8) MARKETING INFORMATION

Please assist us with some information for our Marketing Department:

How did you hear about OCRA Worldwide?

- Internet Search
- Advertisement
- Telephone directory
- Lawyer/financial advisor/tax consultant
- A friend
- I am an existing client

Other, please specify

Which of our advertisements have you seen?

- BBC World
- The Economist
- Time
- Financial Times
- British Airways inflight magazine

Other, please specify

(9) MANAGING AGENT

We will only accept instructions signed by all the Owners and / or Directors or Managers unless a Managing Agent is appointed by all the Owners to provide instructions to OCRA. Please provide the full name of the person you wish to appoint as a Managing Agent below. Complete **Appendix B** if this person is not a Beneficial Owner or Director of this Company.

Managing Agent's Full Name

Signature

(10) DECLARATION

1. I/we, the person(s) whose name(s) appear below, declare and by our signature below, confirm that we are the ultimate Beneficial Owners of the Company we have ordered from OCRA Worldwide and we have read and agree to be bound by OCRA Worldwide's Terms of Business, or such other new Terms of Business as may, from time to time, be published on www.ocra.com.
2. I/we understand that I/we may have an obligation to report our interest in the company in personal tax returns and that income of the company may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect; and the company will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
3. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been declared bankrupt or the subject of an investigation by a governmental, professional or other regulatory or statutory body.

Today's Date

Name

Signature

Name

Signature

Name

Signature

Name

Signature

(11) PROCEDURE HEREAFTER

We will contact you shortly to clarify your instructions, finalise the application process, arrange payment where necessary, and collect certain mandatory information relating to the prevention of money laundering.

DETAILS OF ADDITIONAL OWNERS, DIRECTORS OR MANAGERS – (photocopy for additional appointments)**Personal Details**

Title (e.g. Mr, Mrs, Ms, Doctor)	<input type="text"/>
Family Name	<input type="text"/>
First and Other Names	<input type="text"/>
Any Former Names	<input type="text"/>
Occupation	<input type="text"/>

Provide information about this person's business and professional experience (Please attach a resume or CV if available.)

Passport Number	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Place of Birth	<input type="text"/>
Home Email	<input type="text"/>	Office Email	<input type="text"/>
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Home Facsimile	<input type="text"/>	Office Facsimile	<input type="text"/>
Mobile or Cellular Telephone	<input type="text"/>	Office Website	<input type="text"/>

Permanent Home Address

City	<input type="text"/>	State / County	<input type="text"/>
Post Code / Zip Code	<input type="text"/>	Country	<input type="text"/>

Office Details

Company Name	<input type="text"/>
Position Held	<input type="text"/>

Address

City	<input type="text"/>	State / County	<input type="text"/>
Post Code / Zip Code	<input type="text"/>	Country	<input type="text"/>

Contact Instructions (e.g. call home number before faxing)

NB: PLEASE REVIEW "APPENDIX C" - CLIENT IDENTIFICATION AND GUIDANCE NOTES

MANAGING AGENT

Please provide details of the named Managing Agent here:

Title (e.g. Mr, Mrs, Ms, Doctor)	<input type="text"/>		
Family Name	<input type="text"/>		
First and Other Names	<input type="text"/>		
Any Former Names	<input type="text"/>		
Occupation	<input type="text"/>		
Passport Number	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Place of Birth	<input type="text"/>
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Contact Instructions (e.g. call home phone before faxing)

NB: PLEASE REVIEW "APPENDIX C" - CLIENT IDENTIFICATION AND GUIDANCE NOTES

CLIENT IDENTIFICATION AND GUIDANCE NOTES

Our overriding statutory duty regarding the prevention of terrorism, drug trafficking and money laundering means that we are committed to undertaking a full and thorough due diligence of both our clients' identities and the nature of their businesses.

We are obliged by law to obtain the following information relating to all beneficial owners, directors, shareholders, bank account signatories, grantees of powers of attorney and all parties connected in any way to any company or trust we may form or administer:

- Proof of Identity
- Proof of Residential Address

In addition, the provision of a Curriculum Vitae is sometimes mandatory and always useful.

PROOF OF IDENTITY

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of **one** of the following:
 - Current Valid Full Passport
 - Current Valid National ID Card
2. Such copy must bear a photograph, a signature and the number.
3. The copy must be certified by a manager of an OCRA Worldwide office or any of the following:
 - A notary public
 - A lawyer
 - A banker
 - Another professional person.
4. The person making the certification is a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature.
5. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
6. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

Having seen the individual and the identification documentation at the same time, I certify this is a true copy of the original and that the photograph is a reasonable likeness.

Signature

Name

Position / Capacity

Company

Date

PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and regulatory requirement

To validate the home address of all parties mentioned in your application, please provide ONE of the following, for each party:

- **Original** recent utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
- **Original** and recent bank or mortgage statement from a recognised bank.
- **Original** and recent credit card statement.
- **Original** bank reference, confirming the home address, from a recognised bank, addressed to OCRA.

If you are unable to supply any of these documents you should contact us.

CURRICULUM VITAE

In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and qualifications. Additionally, regulations in certain jurisdictions, oblige OCRA to hold CVs on each of its clients.

DELIVERY

These may be faxed to us but the **originals** must be sent to us by courier or mail and regretfully we cannot undertake work until the originals have been received.