

Offshore Company Order Form

Please fill in the form below and fax it to Asiaciti Corporate Services Ltd at the following number:

Fax no : +65 6532 5092

Personal Particulars of Instructing Party

First Name

Last Name

Nationality

Country of Residence:

Tel No:

Fax No:

Email Address:

Ordering a Company

Jurisdiction required:

New Incorporation - Proposed Name

First Choice:

Second Choice:

[optional]

Third Choice:

[optional]

Please provide more than one name, in case the preferred name is not available

Shelf Company - Company Selected

First Choice:

Second Choice:

[optional]

Third Choice:

[optional]

Corporate Structure

Nominee Director required? Yes No

Director's Particulars

Please complete below if you do not require us to provide a nominee director. Please write to us separately if more than 2 directors are to be appointed.

First Name:

Last Name:

Nationality:

Residential Address:

Country of Residence:

Tel No:

Fax No:

Email address:

Second Director's Particulars

First Name:

Last Name:

Nationality:

Residential Address:

Country of Residence:

Tel No:

Fax No:

Email address:

Shareholding Structure

Authorised capital:

Authorised capital as fixed by your standard Memorandum & Articles of Association is acceptable.
Please write to us separately if you have a specific requirement for authorised capital.

Issued capital :

Bearer share[s] required: Yes No

If yes, no. of bearer
shares:

Nominee Shareholder
required: Yes No

If yes, shares to be held under declaration of trust in favour of instructing party noted above. If other persons to hold beneficial interest in shares please complete following section of "Shareholder or Beneficial Owner particulars"

Please complete below if bearer share and nominee shareholder not required:

Shareholder or Beneficial Owner particulars

First Name:

Last Name:

Nationality:

Residential Address:

Country of Residence:

Tel No:

Fax No:

Email address:

Number of shares
to be issued:

Second Shareholder or Beneficial Owner

First Name:

Last Name:

Nationality:

Residential Address:

Country of Residence:

Tel No:

Fax No:

Email address:

Number of shares to be
issued:

Please write to us separately if there are more than 2 shareholders.

Bank Account

Do you require us to open a bank account : Yes No

If yes, we will write to you for details such as name of bank, mode of operation, etc

Minimum due diligence requirement

- 1) Director/shareholder/beneficial owners notarised copy of passport.
- 2) Please indicate the purpose of this offshore company.

Payment of Fees: Bank Draft Telegraphic Transfer Credit Card

1. Payment by bank draft please send bank draft to:

Asiaciti Corporate Services Pte Ltd
1 Raffles Place
#21-01 OUB Centre
Singapore 048616

2. Payment by telegraphic transfer please make payment to the following a/c:

Bank: HongKong & Shanghai Banking Corporation
Ocean Building, 10 Collyer Quay, Singapore 049315
For Credit: Asiaciti Corporate Services Pte Ltd
Account No: 260-095989-178
Message: Reference (Co. Name)

3. Payment by Credit Card please complete below:

Credit Card: MasterCard Visa

Card No:

Name on credit card:

Expiry date:

Amount:

Cardholder's signature: _____