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Instructions for the formation for a Cyprus Company of International Operations

To Stelios Ieronymides Law Office

| 2. For a new company insert 3 proposed names OR insert shelf company's name 3. Attachment 1 must be completed for: The beneficial owner Any shareholders Any directors 4. Attachment 1 must be accompanied by the following certified documents In the case of an individual In the case of a corporate entity • Passport copy • Corporate documents • Proof of address (utility bill only for the signatory of the account) 5. Will you require services of a nominee shareholder? (a nominee shareholder is the registered shareholder of the Company who holds in trust the shares of the Company for the real shareholder so that the real shareholder can keep | 1 | Main activities of the Company and | | will be serviced and |
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| Company who holds in trust the shares of the Company for | 5. | Will you require services of a nomine | e shareholder? | Yes No |
| | | (a nominee shareholder is the registere | d shareholder of the | |
| | | Company who holds in trust the shares | of the Company for | |
| the real shareholder so that the real shareholder can keep | | | | |
| | | the real shareholder so that the real sha | areholder can keep | |
| his anonymity) | | his anonymity) | | |
| | | | | |
| 6. Will the client or a representative of the client be appointed Yes No | 6. | Will the client or a representative of | the client be appointed | Yes No |
| on the Board of Directors? (if yes complete Attachment 1) | | on the Board of Directors? (if ves com | aplete Attachment 1) | |

| 7. | How many nominee directors will you require? (note that for a company to enjoy Cyprus tax benefits, the control of the Company must be shown to be from Cyprus. To achieve that, the majority of the Board must be Cypriot residents) Please state below how many and if you require individuals or corporate entities (no difference for Cyprus tax benefits) | |
|----|---|--|
| | | |
| | | |
| 8. | If you already have accountants for the Company please state their name below. | |
| | | |
| | | |
| 9. | If not, would you like us to recommend an accounting Yes No | |
| | firm for your company? | |

Attachment 1

The following form should be completed for each of the beneficial owners, shareholders (if different to the beneficial owners), directors and /or any other authorised contact person.

| Position in the Company (select where applicable) | | | | |
|---|-----------|---------------------------|-------------|--|
| Beneficial Owner | | Registered Shareholder | \boxtimes | |
| Director | | Authorised Contact Person | | |
| | | | | |
| Full name | | | | |
| | | | | |
| Residential / business ad | ldress | | | |
| | | | | |
| | | | | |
| Passport / Registration | number | | | |
| Country of issue | | | | |
| | | | | |
| Date of birth / incorpora | ation | | | |
| | | | | |
| Occupation | | | | |
| | | | | |
| Number of shares (if app | plicable) | | | |
| | | | | |
| Signature Specimen | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Position in the Company (select where applicable) | | | |
|--|------------------|---------------------------|--|
| 1 osition in the Compar | ly (select where | applicable) | |
| Beneficial Owner | \boxtimes | Registered Shareholder | |
| Director | | Authorised Contact Person | |
| | | | |
| Full name | | | |
| Tun name | | | |
| | | | |
| Residential / business a | ddress | | |
| | | | |
| | | | |
| | | | |
| Passport / Registration | number | | |
| Country of issue | | | |
| , and the second | | | |
| | | | |
| Date of birth / incorpor | ration | | |
| | | | |
| Occupation | | | |
| Occupation | | | |
| | | | |
| Number of shares (if ap | oplicable) | | |
| | | | |
| Signature Specimen | | | |
| Signature Specimen | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 | 1 | | |

DECLARATION

| I/We, the undersigned: | | | | |
|------------------------|--|--|--|--|
| Beir | Being the ultimate beneficial owner(s) | | | |
| Acti | Acting as agent for the ultimate beneficial owner(s) | | | |
| _ | of the proposed company, request that Stelios Ieronymides Law Office proceed with the formation of this company, and declare and affirm to you that: | | | |
| (a) | the above particulars are true to the best of my/our knowledge and belief. | | | |
| (b) | none of the beneficial owners, including the ultimate beneficial owners nor the settlor or named beneficiaries of any trust holding a beneficial interest, has, in any part of the world, been involved in any illegal activity, been declared bankrupt or has been a director or otherwise concerned in the management of any company which has been subject to an insolvent liquidation. | | | |
| (c) | I/We are unaware of any activities in which the beneficial owners engage which lead me/us to suspect that the beneficial owners are involved in money laundering and I/We undertake to advise you immediately should I/we become aware of any such activities. | | | |
| (d) | Any contributions that will be made into the company as share capital or otherwise as shareholders' funds or from external financing will not derive from unlawful or immoral sources either in their country of origin or in my/our country of ordinary residence or in the Republic of Cyprus. | | | |
| | more, I/we hereby authorise you to disclose the identity of the ultimate beneficial owners of the many to any commercial bank for the purpose of opening a bank account in the name of the many. | | | |
| Name | | | | |
| Addres | s | | | |
| | | | | |
| Passpor | rt No.: | | | |
| Signatu | re: Date: | | | |