



Carib Trust Ltd. P.O Box 899, Basseterre, St Kitts.
Tel: 1-869-662-2335 Fax: 1-869-465-9952 Email: CaribTrustLtd@gmail.com.

Dear Prospective Client

Please find attached the required forms to be completed for consideration by CaribTrust Ltd for the provision of Corporate Services. Additionally, to assist us with the conduct of the required due diligence to ensure compliance with the Anti Money Laundering and Anti - Terrorism Laws of the Federation of St Christopher and Nevis, the following documents in the form stipulated must be provided:

(1) Documents to be provided by each Individual who will be a Beneficial Owners, Member, Director or Officer of the Company:

- Certified copy of the valid passport of such Individual. Please note that the document must be certified by a Notary Public or Commissioner of Oaths.
- Document confirming permanent residential address.
- Two letters of reference for such Individual which should be written within the last six (6) months:
 - One from a financial institution indicating the manner in which the individual's account has been maintained and the period over which the account was established.
 - One from a lawyer or certified public accountant indicating the period of time the individual is known to the professional. Time period should exceed three years.

(2) Documents to be provided by each Entity that will be a Beneficial Owners, Member, Director or Officer of the Company:

- Certified copy of the certificate of incorporation, certificate of registration or equivalent document issued by the relevant authority of the jurisdiction in which such the Entity was established.
- Certified copy of the memorandum and articles of association, articles of incorporation or other comparable document by which the Entity is governed.
- Certified copy of a letter of good standing or equivalent document issued by the relevant authority of the country in which the entity was established.
- The documents listed in one (1) above for each Individual who is an Owner or Director of the Entity.

All document must be originals (i.e. certified copies of documents must be originals not copies of the certified copies) and must be in the English language or accompanied by a certified translation into English. CaribTrust Ltd will be unable to provide any service if the documents are not provided in the prescribed format.

We thank you for considering doing business with our company and look forward to receiving your application.

Kind Regards

CARIBTRUST LTD



FORM I – Particulars of Company

Application for Corporate Services

1. Proposed Company Names: *(Insert names in order of preference)*

First Name:

Proposed Ending for First Name *(select the appropriate box)*

- Incorporated Inc. Limited Ltd.
 Corporation Corp.

Second Name:

Proposed Ending for Second Name *(select the appropriate box)*

- Incorporated Inc. Limited Ltd.
 Corporation Corp.

Third Name:

Proposed Ending for Third Name *(please tick appropriate box below)*

- Incorporated Inc. Limited Ltd. Corporation Corp.

2. Provide type of Company to be incorporated by CARIBTRUST LTD: *(select the appropriate box)*

- Limited by Shares Limited by Guarantee

3. Describe Principal Business to be Undertaken by the Company:

4. Provide Authorised Share Capital for a Company Limited by Shares: *(applicable if Limited by Shares was selected in 2 above)*

Authorised Common Share Capital: *(this is a mandatory requirement for a company limited by shares)*

Number of Common Shares Stated Value per Share Currency

Authorised Preferred Share Capital: *(this is an optional requirement for a company limited by shares)*

Number of Preferred Shares Stated Value per Share Currency

5. Provide Amount of Guarantee : *(applicable if Limited by guarantee was selected in 2 above)*

Class A Members: *(a company must have at least one class of members)*

Number of Class A Members Guarantee per Member Currency

Class B Members: *(optional requirement for a company limited by guarantee)*

Number of Class B Members Guarantee per Member Currency



Application for Corporate Services

10. Services Requested: *(please tick appropriate box or boxes)*

- Incorporation and Basic Company Administration Services.
- Bank Account Establishment Services.
- Other services(please list below):

11. Affirmation

IN WITNESS WHEREOF, I the undersigned certifies that I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every detail as at the day and year hereinafter ascribed.

Name: _____

Signature: _____

Telephone: _____

Fax: _____

E-Mail: _____

Date: _____



Application for Corporate Services

FORM II – To be completed by Individuals who will be Owners, Members, Directors, or Officers of the Company

1. Details of the Individual who will be a Owner, Member, Director, or Officer of the Company:

First Name, Middle Name and Surname

Profession or Occupation

2. Capacity in which the Individual will be Acting in Respect of the Company (tick the appropriate box):

Owner: Member: Director: Officer:

3. Social Security Details of the Individual (please provide a copy of the social security card/document):

Country of Issue

Social Security Number

Date of Birth (Day/Month/Year)

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

4. Passport Details of the Individual:

Country of Issue

Passport Number

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

5. Permanent Physical Residential Address of the Individual:

Street Number

Street Name

Apartment Number

City Name

State

Postal/Zip Code

Country Name

Telephone Number

Fax Number

E-mail Address

6. Mailing Address of the Individual: (if different from the address given in paragraph 5 above)

Street Number

Street Name

P. O Box Number

City Name

State

Postal/Zip Code

Country

Telephone Number

Fax Number

E-mail Address



Application for Corporate Services

7. Provide Percentage of Shares to be Issued to Member (Applicable to Members of a Company Limited by Shares)

_____ % Common Shares _____ % Preferred Shares

8. Provide Class of Membership (Applicable to Members of a Company Limited by Guarantee):

Class A Member Class B Member

9. Affirmation:

IN WITNESS WHEREOF, I the undersigned certifies that:

- 1. I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.
- 2. I have never been convicted of any crime and there are no pending charges against me in any country;
- 3. I authorize CaribTrust Ltd. to make investigations and obtain information about myself and to share with others information about myself for the purpose of establishing and maintaining accounts with financial institutions in the name of the CaribTrust Ltd. but for the benefit of the Trust

Name: _____

Signature: _____

Date: _____

In the Presence of:

Name: _____

Signature: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Date: _____



Application for Corporate Services

FORM III – To be completed by Entities that will be Owners, Members, Directors, or Officers of the Company

1. Name of the Entity that will be an Owner, Member, Director, or Officer of the Company:

Full Legal Name

2. Indicate the Capacity in which the Entity will be Acting in Respect of the Company:

Owner: Member: Director: Officer:

3. Details of the Entity:

Type of Entity

Registration Number

Tax I.D. Number (if any)

Country of Establishment

Date of Establishment

Principal Business Activities of the Entity:

4. Physical Address of Registered Office of the Entity

Street Number

Street Name

P. O Box Number

City

State

Postal/Zip Code

Country

5. Contact Person:

Name

Position held in Entity

Telephone Number

E-mail Address

6. Mailing Address for the Entity:

Street Number

Street Name

P.O. Box Number

City

State

Postal/Zip Code

Country

7. Provide Percentage of Shares to be Issued to Member (Applicable to Members of a Company Limited by Shares)

% Common Shares

% Preferred Shares (if any)

8. Provide Class of Membership (Applicable to Members of a Company Limited by Guarantee):



Class A Member



Class B Member



Application for Corporate Services

9. Name of Shareholders (if not publicly traded) / Owners

10. Names of Directors:

11. Affirmation:

IN WITNESS WHEREOF, I the undersigned certifies that:

- 1 that I am duly authorised to sign for and on behalf of the Entity;
- 2 I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.
- 3 that the Entity is authorized to act in the capacity outlined above and was duly authorized by the Board of Directors to act in the capacity stated in respect to this Trust; and
- 4 CaribTrust Ltd. is authorized to make investigations and obtain information about the Entity and to share with others information about the entity for the purpose of establishing and maintaining accounts with financial institutions in the name of the CaribTrust Ltd. but for the benefit of the Trust.

Signature: _____

Name: _____

Chairman/ Director

Date: _____

Signature: _____

Name: _____

Company Secretary

Date: _____