

**APPENDIX A**  
**(Incorporation Questionnaire)**

**1. NAME OF COMPANY** - Please list three names in order of preference

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

**2. AMOUNT AND CURRENCY OF AUTHORIZED CAPITAL**

\_\_\_\_\_  
\_\_\_\_\_

( The usual authorized share capital is US\$10,000 of no par value)

**3. TYPE OF SHARES REQUIRED** - check one or both as the Memorandum of Association allows the company to issue both registered and bearer shares as well as par value and no par value shares

Registered \_\_\_\_\_          Bearer \_\_\_\_\_          Both \_\_\_\_\_

Par value \_\_\_\_\_          No par value \_\_\_\_\_          Both \_\_\_\_\_

**4. STATE ANY DESIRED RESTRICTION(S) ON TRANSFERABILITY OF REGISTERED SHARES**

\_\_\_\_\_  
\_\_\_\_\_

**5. AMENDMENTS** - State who can amend Memorandum and Articles of Association

Members only \_\_\_\_\_          Members and Directors \_\_\_\_\_          Members or Directors \_\_\_\_\_

**6. ANY OTHER REQUIREMENT(S)**

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\_\_\_\_\_

**APPENDIX B**  
**(Post-Incorporation Questionnaire)**

**1. NAME AND ADDRESS OF SHAREHOLDER(S)**

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**2. NUMBER AND TYPE OF SHARES TO BE ISSUED**

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( Shares may be issued in Registered or Bearer Form )

**3. CORPORATE SEAL**

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please note that an IBC must have a Seal )

**4. DIRECTOR(S)**

**OFFICER(S) AND TITLE(S)**

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In the event that you are looking for increased confidentiality, or wish to preserve the offshore nature of your company, we can provide the services of a BVI director (see Fee Schedule). Please indicate whether you require this service:

No \_\_\_\_\_ Go to question 5

Yes \_\_\_\_\_ A member of our Fiduciary Services Department will contact you

- NOTE:** (a) There are no Residency or Citizenship requirements for IBCs  
(b) Directors and Officers can be individuals or corporations

**5. BILLING ADDRESS FOR ANNUAL MAINTENANCE (if different from instructing party)**

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(Please include contact name and telephone/facsimile numbers)

**6. PLEASE INDICATE IF YOU ARE AN INDIVIDUAL INSTRUCTING THIS FIRM FOR THE FIRST TIME**

No \_\_\_\_\_ Go to question 7

Yes \_\_\_\_\_ Please complete the First Time Individual Client Questionnaire contained in Appendix C

**7. FIDUCIARY SERVICES**

Will you require the provision of any of the following services: signatories on bank account; custodianship of documents; corporate trusteeships (see Fee Schedule)

No \_\_\_\_\_ Go to question 8

Yes \_\_\_\_\_ A member of our Fiduciary Services Department will contact you

**8. OTHER REQUIREMENT(S)**

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**9. METHOD OF PAYMENT**

Cheque enclosed	Yes	_____	No	_____
Wire Transfer	Yes	_____	No	_____

**NOTE: Please provide identifying company information on all wire transfers for our records.**

**APPENDIX C**  
**(First Time Individual Client(s) Questionnaire)**

**1. FULL NAME OF INSTRUCTING CLIENT(S)**

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**2. MAILING ADDRESS OF INSTRUCTING CLIENT(S)**

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**TELEPHONE:**

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**FAX:**

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**Note:** If Instructing Client(s) has had this address for a period of less than six months, please provide details of previous address below

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**3. PHYSICAL ADDRESS OF INSTRUCTING CLIENT(S) (if different from above)**

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**4. EVIDENCE OF IDENTITY OF INSTRUCTING CLIENT(S)**

This must include all of the following:

- (a) Copies of the information pages of the instructing client(s)' passport; and
- (b) An independent professional written reference for the instructing client(s). This must be either an original, or a facsimile with the original to follow by express mail or courier. The reference must be from the instructing client(s)' bankers or accountants and must contain the following information:-

- (i) exactly how long the referee has had a professional relationship with the instructing client(s); and

**Note: If the referee has had a professional relationship with the instructing client(s) for a period of less than two years, we reserve the right to request an additional further reference from the instructing client(s)' previous bankers or accountants**

- (ii) that from personal knowledge or enquiries made, the instructing client(s) is a suitable person for us to deal with.

- (c) Copies of a utility or other bill, bank statement or credit/debit card statement addressed to the instructing client(s) at the mailing address given above.
- (d) A brief statement as to the nature of the business which will be carried on by the company.

Please attach items ((a)-(d)) to the completed questionnaire, as your application cannot be processed until we have received the same.

**KINDLY RETURN COMPLETED FORMS TO:**

**ATTN:            MS. Jennifer Benjamin**

**Richards & Company  
Victoria Chambers  
The Colony House  
P.O. BOX 41,  
St. John's  
Antigua**

**Tel:        (268) 562-1705  
Fax:        (268) 562-1706  
E-mail:    richards@candw.ag**

**ADDITIONAL INFORMATION FOR REGISTRATION OF BANKS INSURANCE  
AND TRUST SERVICES COMPANIES**

1. Full Name
2. Nationality
3. Residential Address
4. Telephone Number
5. Facsimile Number
6. Copy of pages of passport showing photograph, passport number, name, place and date of issue.
7. Resume to include:
  - Complete information on academic background
  - Complete information on employment and professional history
8. A statement as to whether the individual has been convicted of a criminal offense in any jurisdiction.
9. Brief description of the organizational structure of the proposed structure preferably in chart format.
10. Address of proposed office sites
11. Name and address of company's proposed insurers with proposed insurance coverage.
12. Promotional material for the venture.
13. Business plan and projections.

**ADDITIONAL INFORMATION FOR BANK FORMATION ONLY**

1. Name and address of principal Bank, investment houses or correspondent bank for the proposed bank in Antigua.
2. Name of contact person of the proposed financial institution.
3. Policy and procedure details including the Bank's proposed policy relating to Money-laundering.
4. Forms to be used in the Bank's operations.
5. Disclosure of proposed plan for the use of the Internet.

Any formation received is for the purpose of obtaining a license. The information will be used exclusively by the Director of the Financial Sector Authority and shall be kept strictly confidential. All information sought where relevant relates to the individual proposed shareholders and Directors of the proposed company. The information should be submitted in conjunction with the general information required for the formation of an International Business Corporation