

**OWNERSHIP QUESTIONNAIRE**

If you need any help completing this form, please contact Edward Leigh on Tel: +44 1624 818894, Fax: +44 1624 818831 or email to: leigh@ocramarine.com

**Please complete this questionnaire in BLOCK CAPITALS if corporate ownership is required & return to us**

**JURISDICTION OF THE PROPOSED COMPANY**

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

**PROPOSED COMPANY NAME**

First Choice

Alternative One

Alternative Two

**PLEASE ANSWER THE FOLLOWING**

Did you select the company name from our Shelf Companies List?

Yes

No

Would you like us to provide nominee shareholders?

Yes

No

Would you like us to establish a trust to own this company?

Yes

No

Would you like us to provide professional directors?

Yes

No

Will the company require a bank account?

Yes

No

Will the business require a mail forwarding service?

Yes

No

Is a dedicated telephone or facsimile answering service required?

Yes

No

Please state how many people will own the company

**ABOUT THE EXPECTED TURNOVER OF THE COMPANY (FOR COMMERCIAL VESSELS ONLY)**

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

**ABOUT YOU – Mandatory**

Will you be the owner of the proposed company?

If you are an owner, what percentage of shares will you own?  %

Will you be a director of the proposed company?

Address

Email  Mobile

Telephone  Facsimile

**ABOUT OTHER OWNER(S) OR DIRECTOR(S) – Optional**

Is this person an owner of the company?

If so, what percentage of the shares will they own?  %

Will this person be a director of the company?

Full Name

Address

Email  Mobile Telephone

Telephone  Facsimile

If you are not emailing this form, PLEASE SIGN HERE

Today's Date (DD/MM/YYYY)

We will contact you shortly to clarify your instructions, finalise the application process, arrange payment, and collect certain mandatory information relating to the prevention of money laundering. In submitting this questionnaire, all persons mentioned on this form 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 OCRA Worldwide's website ([www.ocramarine.com](http://www.ocramarine.com)) or about which they may otherwise be informed.