



**ocraworldwide™**  
EXCELLENCE IN GLOBAL CORPORATE SERVICES

**CAYMAN COMPANY SERVICES ORDER FORM**

COMPANY SERVICES FOR PRIVATE CLIENTS ONLY  
NOT FOR DISTRIBUTION PRIVILEGED INFORMATION



ISO 9001:2000  
Certificate Number 91196  
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This order form leads you through a simple step by step procedure.

- Section 1** About the proposed Cayman Island Exempt Company
- Section 2** Company management and ownership structure
- Section 3** Persons and legal entities connected to the company
- Section 4** Services and related matters
- Section 5** Payment of fees
- Section 6** Formalities

Should you require assistance completing this form please contact your consultant.

Client engagement procedures are found within Appendix A attached hereto. Please refer to our terms of business which can be found on our website [www.ocra.com](http://www.ocra.com).

Please complete this form in BLOCK CAPITALS and send by fax or email to the consultant dealing with your affairs and then send the signed original together with the supporting documentation by mail or courier.

**1.0 - PROPOSED COMPANY NAME FOR THE CAYMAN ISLANDS EXEMPT COMPANY**

Please provide a list of company names for the proposed company. There is no requirement to utilise a suffix to denote Limited Liability although normally companies are incorporated to include Limited, Corporation, Incorporation or their abbreviation.

First Choice  Suffix:

Second Choice  Suffix:

Third Choice  Suffix:

Have you selected this company name from our list of pre incorporated Companies  Yes  No

**1.1 - PURPOSE OF COMPANY (Tick the appropriate box)**

- Investment Holding                       Trading in Goods/Services                       Consultancy
- Property Investment                       Expatriate Salary                       Other please specify

To assess your application, we need detailed information about what the company will be used for. Please list activities, goods to be traded, trading parties if known, nature of investments and services to be provided. **PLEASE ATTACH A BUSINESS PLAN IF AVAILABLE.**


**1.2 – COMPANY STRUCTURE**

If this Company is to be part of a Corporate Structure i.e. it will either own/part own other companies or be owned/part owned by other corporate entities please provide details to include where they are incorporated, where they are based and what their purpose is within the overall structure. **IF THERE ARE NO OTHER CORPORATE ENTITIES PLEASE PROCEED TO 1.3 OVERLEAF.**


**1.3 - GEOGRAPHY OF PROPOSED BUSINESS**

Please provide detailed information about where the company will trade and/or invest. List regions and countries.


**1.4 - HOW WILL THE COMPANY BE FUNDED?**

To comply with our statutory duties we must know how the company will be initially and subsequently funded. Please describe the source of funds that will be used to finance the Company in the space below. Documentation **must** be attached to support this application. Example: if using a loan, a copy of the loan agreement is required, if utilising personal funds, please provide a brief description of the source.


**1.5 ESTIMATED VALUE OF ASSETS**

Bank Accounts:	US\$
Property:	US\$
Investments:	US\$
Other:	US\$

**1.6 - ABOUT THE TURNOVER, PROFIT AND TRANSACTIONS OF THE COMPANY**

How much start up capital will be invested into the business?	*
Estimated annual turnover	*
What is the anticipated annual profit?	*
Estimated number of transfers into the company's bank account per month	*
Estimated value of transfers into the company's bank account per month	*
Estimated number of transfers out of the company's bank account per month	*
Estimated value of transfers out of the company's bank account per month	*
* Please indicate the currency quoted in full	

Any other pertinent Information:


**2.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE**

- Would you like OCRA Worldwide to arrange for the appointment of **Professional Directors** to this company?  Yes
- Would you like OCRA Worldwide to provide **Nominee Shareholders** for this company?  Yes
- Would you like OCRA Worldwide to assist in the establishment of a **Trust or Foundation** to own this company?  Yes

**2.1 - OWNERS, SHAREHOLDERS, DIRECTORS AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES**

Please provide details of who will be the beneficial owner(s), shareholder(s), director(s), or members of the Company. If OCRA Worldwide is not providing professional directors we will require detailed information about the proposed directors after stating the connected persons and/or legal entities below. Please complete a page in Section 3 for each person or legal entity who is to be connected to the company.

Names of Individuals or Legal Entities	Please cross the appropriate boxes			
	Director	Beneficial Owner	Nominee Services	Number or % of Shares to Issue
Example: Mr John Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**2.2 - COMPANY SECRETARY**

There is no legal requirement to appoint a Company Secretary however it is customary to appointment one. OCRA Worldwide will appoint a Company Secretary to the company unless otherwise instructed.

**2.3 – AUTHORISED CAPITAL**

Unless otherwise instructed, companies will be registered with US\$50,000 authorised capital since this is the maximum permitted by law for the minimum government registration fee. If a greater authorised capital is required please state below. NB please note that the quotation provided has been based on a standard authorised capital of US\$50,000.

Number of shares  Value of Shares  Each  
 e.g. 50,000 e.g. US\$1

**FOR OFFICIAL USE:**

**3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON**

Please complete this page for every person or legal entity who/ that is described in section 2.1. If a **legal entity** is connected to the company please fill in sections 3.2, 3.3 and 3.4 only. Two pages provided. Please copy if necessary.

Please attach information and documentation as detailed in Appendix A

Title (e.g. Mr, Mrs,	<input type="text"/>	Family Name:	<input type="text"/>
First/ Other Names:	<input type="text"/>	Former names:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sex: <input type="text"/>
Nationality:	<input type="text"/>	Place of Birth:	<input type="text"/>
Occupation:	<input type="text"/>	Position:	<input type="text"/> Since <input type="text"/>
Company Name:	<input type="text"/>	Business Activity:	<input type="text"/>

**3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

Address:	<input type="text"/>		
City:	<input type="text"/>	State/Region:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Home Telephone:	<input type="text"/>	Home Email:	<input type="text"/>
Home Fax:	<input type="text"/>	Personal Mobile:	<input type="text"/>

**3.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES**

Company Name:	<input type="text"/>	Country of Incorporation:	<input type="text"/>
Contact Person:	<input type="text"/>	Incorporation No:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Region:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Office Telephone:	<input type="text"/>	Office Mobile:	<input type="text"/>
Office Fax:	<input type="text"/>	Office Email:	<input type="text"/>

**3.3 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

Home: Telephone  Mobile  Fax  Email  Mail  Courier

Office: Telephone  Mobile  Fax  Email  Mail  Courier

Special Instructions

**3.4 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary**

Contact Person  Director  Managing Agent  Intermediary  An Existing Client

Company Secretary  Beneficial Owner/Shareholder, please state percentage held:

Other please specify:

**3.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

**3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON**

Please complete this page for every person or legal entity who/ that is described in section 2.1. If a **legal entity** is connected to the company please fill in sections 3.2, 3.3 and 3.4 only. Two pages provided. Please copy if necessary.

Please attach information and documentation as detailed in Appendix A

Title (e.g. Mr, Mrs,	<input type="text"/>	Family Name:	<input type="text"/>
First/ Other Names:	<input type="text"/>	Former names:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> Sex: <input type="text"/>
Nationality:	<input type="text"/>	Place of Birth:	<input type="text"/>
Occupation:	<input type="text"/>	Position:	<input type="text"/> Since <input type="text"/>
Company Name:	<input type="text"/>	Business Activity:	<input type="text"/>

**3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

Address:	<input type="text"/>		
City:	<input type="text"/>	State/Region:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Home Telephone:	<input type="text"/>	Home Email:	<input type="text"/>
Home Fax:	<input type="text"/>	Personal Mobile:	<input type="text"/>

**3.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES**

Company Name:	<input type="text"/>	Country of Incorporation:	<input type="text"/>
Contact Person:	<input type="text"/>	Incorporation No:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Region:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Office Telephone:	<input type="text"/>	Office Mobile:	<input type="text"/>
Office Fax:	<input type="text"/>	Office Email:	<input type="text"/>

**3.3 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

Home: Telephone  Mobile  Fax  Email  Mail  Courier

Office: Telephone  Mobile  Fax  Email  Mail  Courier

Special Instructions

**3.4 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary**

Contact Person  Director  Managing Agent  Intermediary  An Existing Client

Company Secretary  Beneficial Owner/Shareholder, please state percentage held:

Other please specify:

**3.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**4.0 – COMPANY DOCUMENTATION SERVICES**

Please indicate if below if you require any additional documentation or legalised copies.

**NB The cost of certified, notarised and legalised documents is not included in the original quotation, if you require these documents please indicate below and your consultant will advise you of the additional charges.**

Document	Certified	Notarised & Apostilled	N&A in Jurisdiction	Legalised at an Embassy	No. of Copies
Certificate Of Incorporation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Memorandum & Articles Association	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certificate of Incumbency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certificate of Good Standing/Fact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appointment of Directors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If legalised documents are required please state country:

Other important requirements:

  
  


**4.1 – CORPORATE BANKING SERVICES**

If you require assistance with Bank Account Opening please indicate your preference below?

Please note that where OCRA Worldwide provides Directors to the Company the Bank account must be under the control of OCRA Worldwide signatories or in special circumstance under Joint Signatory Control.

Type of Account  Current/ Checking  Call Deposit  Fixed Deposit

Signatory (1)  Signatory (2)

Signatory (3)  Signatory (4)

Preferred Location of Account?

OCRA Worldwide to recommend a suitable Bank for the opening of a Corporate Account?  Yes  No

A specific Bank and Branch has been selected by the beneficial owners?  Yes  No

Name of specific Bank  Branch

**4.2 – VIRTUAL AND MAIL FORWARDING SERVICES**

**Description of Service** **Location of service. Please state OCRA Worldwide Office**

Combines Virtual Office Services	<input type="text"/>	<input type="checkbox"/>
Mail handling & forwarding	<input type="text"/>	<input type="checkbox"/>
Telephone Answering and call forwarding	<input type="text"/>	<input type="checkbox"/>
Facsimile handling and forwarding	<input type="text"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>

Please state reason for mail forwarding and any specific requirements on "Notes" Pages attached hereto.



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**4.3 – ACCOUNTING AND AUDIT SERVICES**

Please note that it is a mandatory requirement to produce financial statements in accordance with the International Accounting Standards and to retain the underlying documentation for a minimum period of five years. Failure to retain such documentation is liable to a penalty of \$5,000 under The Companies (Amendment) Law 2010.

Would you like OCRA Worldwide to arrange for the provision of Accounting Services?  Yes  No

Would you like OCRA Worldwide to arrange for the provision of Audit Services?  Yes  No

If No please provide details of the firm who will be providing the service and where the documentation will be held:

Company Name:	<input type="text"/>		
Contact Person:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Region:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Office Telephone:	<input type="text"/>	Office Fax:	<input type="text"/>
Office Mobile:	<input type="text"/>	Office Email:	<input type="text"/>

**4.4 – ADDITIONAL SERVICES**

- |   |   |
|---|---|
| <input type="checkbox"/> Opening of Personal bank accounts          | <input type="checkbox"/> Company credit card services |
| <input type="checkbox"/> Yacht registration and management services | <input type="checkbox"/> Trust services               |
| <input type="checkbox"/> Trade Mark Registration                    | <input type="checkbox"/> Foundation services          |
| <input type="checkbox"/> International health care insurance        | <input type="checkbox"/> Web and E-commerce Services  |

Please state any other services you may require:

<input type="text"/>
<input type="text"/>
<input type="text"/>

**4.5 – MARKETING INFORMATION**

Please assist us with some information for our marketing department.

**How did you hear about OCRA Worldwide?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Internet Search                         | <input type="checkbox"/> Standard Result | <input type="checkbox"/> Sponsored Link |
| <input type="checkbox"/> Advertisement                           |  |   |
| <input type="checkbox"/> Telephone Directory                     |  |   |
| <input type="checkbox"/> Lawyer/Financial Adviser/Tax Consultant |  |   |
| <input type="checkbox"/> Referral from a Friend                  |  |   |
| <input type="checkbox"/> I am an Existing Client                 |  |   |

**Which of our advertisements have you seen?**

- |  |
|--|
| <input type="checkbox"/> bbcworld.com                |
| <input type="checkbox"/> BBC World TV Advertisement  |
| <input type="checkbox"/> The Economist               |
| <input type="checkbox"/> Financial Times             |
| <input type="checkbox"/> In-flight Magazine          |
| <input type="checkbox"/> Other Please Specify: _____ |

Other useful information for our marketing department:

<input type="text"/>
<input type="text"/>

Tick here if you would like to receive our monthly newsletter.



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**5.0 –PAYMENT OF INITIAL FEES – please select from the options below**

**OPTION A – CREDIT CARD**

Type of Card:  MasterCard  Amex  Visa  Diners Expiry Date

Card Number  Today's Date

Card Security Code (3 digits on reverse of card for VISA/MasterCard or 4 digits on front of Amex card)

Card Holder's Name (as shown on card)

Billing Address

Authorising Signature

After debiting my card:  Do nothing at all  Phone Me

Send an email/fax to:

**OPTION B – BANK TRANSFER**

Should you wish to pay by bank transfer please tick here.

We will advise you of the appropriate office bank account by return email or fax.

Please quote a reference including the Company name being purchased.

Person/Company making transfer:

Bank from which transfer was sent:

Date transfer was made:

**OPTION C – BANKERS ORDER**

A bankers order for the USD/GBP/EUR   is attached  is being sent

**5.1 – PAYMENT OF FUTURE ADMINISTRATION AND ANNUAL FEES – please select from the options below**

**OPTION A – DEBIT CREDIT CARD (details above)**  Yes  No

**OPTION B – SEND INVOICE TO MAILING ADDRESS OF**

**SEND INVOICE TO THIS EMAIL ADDRESS**

Or the following person (name and address):

**OPTION C – DEBIT COMPANY'S BANK ACCOUNT**  Yes  No

Send copy of invoice to mailing address of (if applicable):



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**6.0 – COMPANY DOCUMENTS**

- Hold company documents in safe custody
- Send company documents to mailing address of:
- Send company documents to the following person (include name of recipient, address and post code):

**6.1 – MANDATE**

We will only accept instructions if they are signed by all the owners and/or directors or managers unless a **Managing Agent** is appointed by all the owners to provide instructions. Please provide the full name of the person you wish to appoint as a managing agent and ensure that the form in SECTION 3 is completed for this person so that we have all the necessary information.

Managing Agent's full name:

Sample Signature:

**6.2 – DECLARATION**

1. I/we, the person(s) whose name(s) appear below, declare and by our signature below, confirm that we are the ultimate Beneficial Owners of the Company we have ordered from OCRA Worldwide and we have read and 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 [http://www.ocra.com/about\\_ocra/terms.asp](http://www.ocra.com/about_ocra/terms.asp)
2. I/we understand that I/we may have an obligation to report our interest in the company in personal tax returns and that income of the company may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect; and the company will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
3. I/we declare that my/our "Source of Wealth" as mentioned in the foregoing has been generated solely from legal activities and/or sources and is entirely attributable to me/us.
4. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been subject of an investigation by a governmental, professional or other regulatory or statutory body.
5. I/We declare that the person named in 6.1 is hereby appointed as my/our Managing Agent to act on my/our behalf in the management of all of the affairs of the Company but excluding any change of management structure and ownership.
6. I/We do not wish to appoint a Managing Agent

Name: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
Signature: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>
Date: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Name: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
Signature: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>
Date: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Name: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
Signature: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>
Date: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

**6.3 – ANY OTHER PERTINENT INFORMATION**

## CLIENT ENGAGEMENT PROCEDURES AND GUIDANCE NOTES

Our overriding statutory duty regarding the prevention of terrorism, drug trafficking and money laundering means that we are committed to undertaking a full and thorough due diligence of both our clients' identities and the nature of their businesses. We are obliged by law to obtain the following information relating to all beneficial owners, directors, manager(s), shareholders, members, bank account signatories, grantees of powers of attorney and all parties connected in any way to the company:

- Proof of Identity
- Proof of Residential Address
- Character Reference from a local lawyer/accountant
- Source of Wealth
- Curriculum Vitae
- Bankers Reference

### PROOF OF IDENTITY - This is a mandatory and regulatory requirement

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of ONE of the following:
  - Current Valid Full Passport
  - Current Valid National ID Card
2. Such copy must bear a clear photograph, a signature and the number.
3. The copy must be certified by a manager of an OCRA Worldwide office or any of the following:
  - A notary public
  - A Lawyer
  - A banker
  - Another professional person.
4. The person undertaking the certification should be a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature and the certification must be in English or a translation from an independent accredited translator must be attached.
5. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
6. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

*I certify this is a true copy of the original document and the photograph is a true likeness:*

<i>Name</i>	<i>Signature</i>
<i>Company</i>	<i>Capacity</i>
<i>Phone</i>	<i>Email Address</i>
<i>Date</i>	<i>Membership No (if applicable)</i>

### PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and regulatory requirement

To validate the home address of all parties mentioned in your application, please provide ONE of the following, for each party which must be less than three months old:

- **Original** less than three months old utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
  - **Original** and less than three months old bank or mortgage statement from a recognised bank.
  - **Original** and less than three months old credit card statement.
  - **Original** bank reference, confirming the home address, from a recognised bank, addressed to OCRA Worldwide.
- If you are unable to supply any of these documents you should contact us.

### BANK REFERENCE - This is a mandatory and regulatory requirement

To validate the home address of all parties mentioned in your application, please provide ONE of the following for each party which must be less than three months old.

- **Original** bank reference
  - The reference should be on Bank's Letterhead.*
  - State the Full Name and Address of the Individual*
  - Length of relationship with the client (must reflect a satisfactory relationship of at least two years)*
  - Conduct of the account over the banking relationship*
  - Capacity/Position Held*
  - Phone* *Email Address*
  - Date* *Bank Address*
- These references should be addressed to OCRA Worldwide
- If you are unable to supply any of these documents you should contact us.

### SOURCE OF WEALTH - This is a mandatory and regulatory requirement

A statement is required from the principal(s) providing a brief description as to the origins of his/her wealth and the period over which the wealth was generated.



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## **CURRICULUM VITAE - This is a mandatory and regulatory requirement**

In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and professional qualifications.

## **DELIVERY OF ORIGINAL DOCUMENTATION**

These may be faxed to us for review but the originals must be sent to us by courier or mail and regretfully we cannot undertake work until the originals have been received. All documents must be in English or if not then a translation from an independent and accredited translator should be attached.

## **NOTES**



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