



**ocraworldwide**<sup>TM</sup>  
EXCELLENCE IN GLOBAL CORPORATE SERVICES

**MALTA COMPANY 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 Maltese Limited Liability Company
- Section 2** Company management and ownership structure and share capital requirements
- Section 3** Persons and legal entities connected to the company
- Section 4** Accounting and audit requirements and related services
- 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 to:

OCRA (Malta) Limited  
The Penthouse  
Tower Business Centre  
Tower Street  
Swatar BKR 4013  
Malta – EU

Tel +356 2557 2333  
Fax +3562124 9292  
Email [malta@ocra.com](mailto:malta@ocra.com)



**1.3 - GEOGRAPHY OF PROPOSED BUSINESS**

Please provide detailed information about where the company will trade. 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, documentation will be required from the bank concerned.


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

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

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 procure **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) or director(s) 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.

Please also note there is full disclosure of the directors and shareholders of the company, if you wish to maintain anonymity a nominee shareholder and director should be requested.

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)				

**2.2 - SHARE CAPITAL AND CLASS OF SHARES FOR THE MALTESE LIMITED LIABILITY COMPANY**

Minimum authorised €1,165	Minimum Issued €1,165	20% Paid Up	Currencies permitted GBP/ Euro/ USD. Please note that the annual Financial Statements should be drafted in the same currency as the capital.
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Please provide details below of Share Capital and Class of shares to be authorised and issued:

Owner	Authorised Share Capital	Issued Share Capital	Currency	Class of Shares	
(1)				Voting <input type="checkbox"/>	Non Voting <input type="checkbox"/>
(2)				Voting <input type="checkbox"/>	Non Voting <input type="checkbox"/>
(3)				Voting <input type="checkbox"/>	Non Voting <input type="checkbox"/>
(4)				Voting <input type="checkbox"/>	Non Voting <input type="checkbox"/>
(5)				Voting <input type="checkbox"/>	Non Voting <input type="checkbox"/>



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.

### 3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON

Title (e.g. Mr, Mrs, Dr):	<input type="text"/>	Family Name:	<input type="text"/>
First and Other Names:	<input type="text"/>	Former names:	<input type="text"/>
Occupation:	<input type="text"/>	Languages:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Place of Birth:	<input type="text"/>

Please attach information and documentation as detailed in Appendix A

### 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

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

<input type="checkbox"/> Contact Person	<input type="checkbox"/> Managing Agent	<input type="checkbox"/> Intermediary
<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> An Existing Client
<input type="checkbox"/> Beneficial Owner/Shareholder	please state percentage ownership	<input type="text"/>
<input type="checkbox"/> Other please specify:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

### 3.5 – SOURCE OF WEALTH

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

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.

### 3.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON

Title (e.g. Mr, Mrs, Dr):	<input type="text"/>	Family Name:	<input type="text"/>
First and Other Names:	<input type="text"/>	Former names:	<input type="text"/>
Occupation:	<input type="text"/>	Language:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Place of Birth:	<input type="text"/>

Please attach information and documentation as detailed in Appendix A

### 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"/>	Personal Mobile:	<input type="text"/>
Home Fax:	<input type="text"/>	Home Email:	<input type="text"/>

### 3.2 – OFFICE ADDRESS AND CONTACT DETAILS

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 Fax:	<input type="text"/>
Office Mobile:	<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

<input type="checkbox"/> Contact Person	<input type="checkbox"/> Managing Agent	<input type="checkbox"/> Intermediary
<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> An Existing client
<input type="checkbox"/> Beneficial Owner/Shareholder	please state percentage ownership	<input type="text"/>
<input type="checkbox"/> Other please specify:	<input type="text"/>	
	<input type="text"/>	

### 3.5 – SOURCE OF WEALTH

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



**4.0 – ACCOUNTING AND AUDIT SERVICES (MANDATORY)**

Please note that it is a mandatory requirement to produce financial statements in accordance with the International Accounting Standard and to arrange for a local independent registered auditor.

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

If No please provide details of the firm who will be providing the service:

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"/>

**4.1 – 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:

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

**4.2 – 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 circumstances 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



**4.3 – VIRTUAL AND MAIL FORWARDING SERVICES**

Description of Service	Location of service. Please state OCRA Worldwide Office	
Combined 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 any specific requirements on "Notes" Pages attached hereto.

**4.4 – ADDITIONAL SERVICES**

- Opening of Personal bank accounts
- Yacht registration and management services
- Trade Mark Registration
- International health care insurance
- Company credit card services
- Procurement of Trust services
- Procurement of Foundation services
- Web and E-commerce Services

Please state any other services you may require:

  
  


**4.5 – MARKETING INFORMATION**

Please assist us with some information for our marketing department.

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

- Internet Search  Standard Result  Sponsored Link
- Advertisement
- Telephone Directory
- Lawyer/Financial Adviser/Tax Consultant
- Referral from a Friend
- I am an Existing Client

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

- bbcworld.com
- BBC World TV Advertisement
- The Economist
- Financial Times
- In-flight Magazine
- Other Please Specify: \_\_\_\_\_

Other useful information for our marketing department:

  
  


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

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

**OPTION A – CREDIT CARD**

Card Type:  Visa  MasterCard  Amex  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 name of the Company being purchased.

Person/Company making transfer:

Bank from which transfer was sent:

Date transfer was made:

**OPTION D – 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 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):

**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 unless a **Managing Agent** is appointed by all the owners to provide instructions. If you wish to appoint a Managing Agent please provide the full name of the person and ensure that a 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: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____
Name: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____
Name: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____

## 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, shareholders, 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
- Source of Wealth
- Professional reference (recommendation) from a Lawyer or accountant
- Signed Curriculum Vitae (CV) / Resume
- Bank reference (recommendation) letter;

### PROOF OF IDENTITY

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 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 banker
  - A lawyer
  - 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.*

*Name*

*Signature*

*Company*

*Capacity*

*Phone*

*Email Address*

*Date*

*Membership No (if applicable)*

### PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and a 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.

### SOURCE OF WEALTH

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

### CURRICULUM VITAE

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 qualifications. Additionally, regulations in certain jurisdictions oblige OCRA Worldwide to hold C.V.'s on each of its clients. Please note this resume should be signed.

### "NO CONVICTIONS" CERTIFICATE

In cases where fiduciary services are required a conduct certificate relating to the subject person and issued by the police or other relevant authority in the subject person's country of residence stating that the individual has not been subject to any convictions will be required.

### 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.



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## SPECIMEN BANK REFERENCE LETTERS AND REFEREE LETTER FOR THE MALTESE COMPANY

**To be Printed on Original Stationery of the Bank**  
*including the bank's contact details*

**TO WHOM IT MAY CONCERN**

We hereby certify that Mr / Ms **NAME** of **ADDRESS** holder of Passport number **NUMBER** issued in **COUNTRY** has been a client of our bank since **DATE**.

To date relations of Mr **NAME** (and his company namely **NAME CO LTD** *if applicable*) with the bank have been very good and to the best of my knowledge, he has always honoured his commitments towards the bank in a timely manner. Based on this experience, I do not hesitate to recommend Mr **NAME** as a person of good character and integrity.

While this reference is issued upon the request of our customer in question, the bank shall not be held responsible for any result of any decisions taken on the basis of this document.

Signature and full name of manager  
Date

**To be printed on Original Stationery of Referee**  
**(Lawyer and/or Accountant)**  
*including the firms contact details*

**TO WHOM IT MAY CONCERN**

Re: Mr / Ms **FULL NAME** of **ADDRESS** holder of Passport Number **NUMBER**

I am pleased to confirm that the above-mentioned subject has been known to me for well over **NUMBER** years. In my professional dealings with Mr **NAME** over the period mentioned I have found him to be reliable, respectable and trustworthy.

This information is given in the strictest confidence and on the understanding that neither the undersigned (nor his firm **if applicable**) will not accept any liability for any loss incurred as a result of the contents of this letter.

Signature and full name of referee  
Date



## STATUTORY REQUIREMENT FOR ALL MALTESE INCORPORATIONS

### POWER OF ATTORNEY

I the undersigned:

(Full Name), (Nationality) Passport Number (Number), of (Full address) do hereby appoint OCRA (Malta) Limited, the attorney of Vincenti Buildings, 14/19 Strait Street, Valletta to be my true and lawful attorney, to act for me and in my place with power to:

- I. Subscribe to such number of shares as shall be indicated to the Attorney by the undersigned in (company name) Ltd (the Company) a Maltese company in formation and to sign the relative Memorandum & Articles of Association of the said Company in formation.
- II. Sign, execute and deliver any other documentation related to the incorporation of the Company including any forms declarations or applications made to the Inland Revenue Department in Malta and
- III. Appoint any officer(s) for the Company

Furthermore, all other necessary and opportune powers are hereby conferred upon each Attorney for the full and property execution of the above, including the power to delegate in writing to any other person or persons the authority hereby conferred.

The Principal furthermore approves, ratifies and confirms whatsoever the said Attorney or any other person delegated with the powers conferred herein shall lawfully do or cause to be done in furtherance of the above.

The Power of Attorney shall lapse on the      day of                      200

Signed in *(enter city & country)*  
This the *(enter day, month and year)*

\_\_\_\_\_  
**(Full name, nationality and passport number),**

\_\_\_\_\_  
Witness to this signature on this document is  
Mr / Ms *[name & surname]*  
Holder of *[enter country of issue]* Passport Number *[.....]* ATTACH COPY



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**NOTES**



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