COMPANY SERVICES FOR PRIVATE CLIENTS ONLY
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This order form leads you through a simple step by step procedure.

Section 1	About the proposed Mauritius GBC II 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.

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 (Mauritius) Limited
2nd Floor, MaxCity Building
Remy Ollier Street
Port Louis
Republic of Mauritius

Tel +230 217 5100
Fax +230 217 5400
Email ocra@ocra-mauritius.com

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1-0 PROPOSED NAME OF THE MAURITIUS GBC II COMPANY

Please provide a list of company names for the proposed company unless you have already reserved a pre incorporated company.

First Choice	
Second Choice	
Third Choice	

1.1 - PURPOSE OF COMPANY (Tick the appropriate box)

- ☐ Investment Holding
- ☐ Trading in Goods/Services
- ☐ Consultancy
- ☐ Property Investment
- ☐ Intellectual Property Holding
- ☐ 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.**

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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 - 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:

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2.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE:

Would you like OCRA Worldwide to arrange for the appointment of **Professional Directors** to this company? (at least ONE resident director is required for a GBC 2) ☐ 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) 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 cross the appropriate boxes			
Names of Individuals or Legal Entities	**Director**	**Beneficial Owner**	**Nominee Services**	**Number or % of Shares to Issue**
Example: Mr John Smith	☐	☒	☒	50%
(1)	☐	☐	☐	
(2)	☐	☐	☐	
(3)	☐	☐	☐	
(4)	☐	☐	☐	
(5)	☐	☐	☐	
(6)	☐	☐	☐	

2.2 - COMPANY SECRETARY

OCRA Worldwide will appoint a Resident Company Secretary to the company as a statutory requirement.

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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):		Family Name:	
First and Other Names:		Former names	
Occupation:		Languages:	
Passport Number:		Date of Birth:	
Nationality:		Place of Birth:	

Please attach information and documentation as detailed in Appendix A

3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address:			
City:		State/Region:	
Post Code/Zip Code:		Country:	
Home Telephone:		Home Email:	
Home Fax:		Personal Mobile	

3.2 – OFFICE ADDRESS AND CONTACT DETALS - FOR PERSONS AND LEGAL ENTITIES

Company Name:		Country of Incorporation:	
Contact Person:		Incorporation No:	
Address:			
City:		State/Region:	
Post Code/Zip Code:		Country:	
Office Telephone:		Office Mobile:	
Office Fax:		Office Email:	

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 ☐ Managing Agent ☐ Intermediary

☐ Director ☐ Company Secretary ☐ An Existing Client

☐ Beneficial Owner/Shareholder, please state percentage ownership :

☐ 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

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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):		Family Name:	
First and Other Names:		Former names:	
Occupation:		Language:	
Passport Number:		Date of Birth:	
Nationality:		Place of Birth:	

Please attach information and documentation as detailed in Appendix A

3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address:			
City:		State/Region:	
Post Code/Zip Code:		Country:	
Home Telephone:		Personal Mobile:	
Home Fax:		Home Email:	

3.2 – OFFICE ADDRESS AND CONTACT DETALS - FOR PERSONS AND LEGAL ENTITIES

Company Name:		Country of Incorporation:	
Contact Person:		Incorporation No:	
Address:			
City:		State/Region:	
Post Code/Zip Code:		Country:	
Office Telephone:		Office Fax:	
Office Mobile:		Office Email:	

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:

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☐ Contact Person ☐ Managing Agent ☐ Intermediary

☐ Director ☐ Company Secretary ☐ An Existing client

☐ Beneficial Owner/Shareholder, please state percentage ownership:

☐ Other please specify:

3.5 – SOURCE OF WEALTH

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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					
Memorandum & Articles Association					
Certificate of Incumbency					
Certificate of Good Standing/Fact					
Appointment of Directors					

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

Please indicate the service require by ticking the appropriate box.

Description of Service	Location				
Combines Virtual Office Services	Mauritius	☐	Other		☐
Mail handling & forwarding	Mauritius	☐	Other		☐
Telephone Answering and call forwarding	Mauritius	☐	Other		☐
Facsimile handling and forwarding	Mauritius	☐	Other		☐
Email	Mauritius	☐	Other		☐

Please state any specific requirements below or on “Notes” Pages attached hereto.

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4.3 – ADDITIONAL SERVICES

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

Please state any other services you may require

4.4 – 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.

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5.0 –PAYMENT OF INITIAL FEES

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

A bank transfer of USD/GBP/EUR Has been forwarded to OCRA (Mauritius) Limited's account at:

Barclays Bank Plc, 75 Wall Street, New York, United States Of America - Account No: 28037304495

For further credit to: Barclays Bank Plc

Currency	Account Number	Swift Code	IBAN Number
☐ USD	7475021	BARCMUMUOBU	MU69 BARC 03050000074750210 00

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 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
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 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.
4. 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.
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: _____ Signature: Date	Name: _____ Signature: Date
Name: _____ Signature: Date	Name: _____ Signature: Date
Name: _____ Signature: Date	Name: _____ Signature: Date

6.3 – ANY OTHER PERTINENT INFORMATION

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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
- Bankers Reference
- Source of Wealth
- Curriculum Vitae
- Character Reference from a local Solicitor

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 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 Banker or an Officer of OCRA Worldwide.
4. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
5. 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:

   Having seen the individual and the identification documents at the same time, I certify that this is a true copy of the original and that the photograph is of a reasonable likeness.

   Name *Signature*
   Bank Name *Capacity/Position Held*
   Phone *Email Address*
   Date *Bank Address*

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

- **Original** recent bank statement of credit card statement showing the residential address of the client
- If you are unable to supply this, 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
  Conduct of the account over the banking relationship
  Capacity/Position Held
  Phone *Email Address*
  Date *Bank Address*

- These references should be addressed to OCRA (Mauritius) Limited.
- 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.

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 qualifications. Additionally, regulations in certain jurisdictions oblige OCRA Worldwide to hold C.V.'s on each of its clients.

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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NOTES:

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