



MAURITIUS GBC1 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 Mauritius GBC I 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

5 DETAILS OF APPLICANT'S/ BENEFICIAL OWNER'S BUSINESS RECORD

State all the former trading names (if any) used by the Applicant/ Beneficial Owner during the past 7 years. Please indicate the dates of the change of names.

Please specify those countries or territories in which the Applicant/ Beneficial Owner(s) intends to carry out financial services business to which this licence applies.

Do the Applicant/ Beneficial Owner(s) conduct or carry out financial services business from any jurisdiction other than Mauritius? If yes, please provide the address from which such financial services business will be carried out Yes No

Is the Applicant/ Beneficial Owner(s) regulated in another jurisdiction or has the Applicant applied for a licence from any other regulatory authority in any other jurisdiction? If yes, please provide details Yes No

Has the Applicant/ Beneficial Owner(s) made a similar application in another jurisdiction? If yes please provide details and outcome. Yes No

Has the Applicant/ Beneficial Owner(s) at any time in the previous 7 years had a Receiver or an Administrator appointed or failed to satisfy a debt adjudged due, or come to a compromise or similar arrangement with any of its creditors? If yes, please supply details. Yes No

Has the Applicant/ Beneficial Owner(s) been engaged in any civil proceedings or arbitration at any time in the previous 7 years in which a debt was adjudged due from, or judgement given against the Applicant in relation to any financial services? If yes, please supply details. Yes No

Has the Applicant/ Beneficial Owner(s) at any time been convicted of any offence involving fraud, or other dishonest, or any other offence such as economic offences or money laundering or been subject to penalties for tax evasion (whether or not in Mauritius) relating to companies carrying out financial services business? If yes, please supply details. Yes No

Has any Director, Officer or Partner of the Applicant been convicted in any Court of Law for a criminal offence or penalised or sanctioned, or is currently or has ever been under investigation for professional negligence or malpractice by any Regulatory Authority in any country? If yes, please supply details below. Yes No



2.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE:

In accordance with Mauritius Company Law a Resident Director is required for a GBC1 Company, Subject to satisfactory due diligence OCRA Worldwide will arrange for the appointment of one or more Local Directors. Please note two Resident Directors are required to gain access to Double Tax Treaties.

Would you like OCRA Worldwide to arrange for the appointment of Resident **Professional Directors** to this company? (If you indicate yes two will be appointed.) Yes No

In addition to Resident Directors would you like to appoint additional non resident Directors Yes No

Would you like OCRA Worldwide to provide **Nominee Shareholders** for this company? Yes No

Would you like OCRA Worldwide to assist in the establishment of a **Trust or Foundation** to own this company? Yes No

2.1 - COMPANY SECRETARY

In accordance with Mauritian Company Law a Resident qualified company secretary is required. OCRA Worldwide will arrange for this appointment

2.2 - 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.

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"/>	
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>

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 - 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:	<input type="checkbox"/>	Telephone:	<input type="checkbox"/>	Mobile:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>	Courier:	<input type="checkbox"/>
Office:	<input type="checkbox"/>	Telephone:	<input type="checkbox"/>	Mobile:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>	Courier:	<input type="checkbox"/>
Special Instructions:	<input type="text"/>												
	<input type="text"/>												

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.

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

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

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 - 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:	<input type="checkbox"/>	Telephone:	<input type="checkbox"/>	Mobile:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>	Courier:	<input type="checkbox"/>
Office:	<input type="checkbox"/>	Telephone:	<input type="checkbox"/>	Mobile:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>	Courier:	<input type="checkbox"/>
Special Instructions:	<input type="text"/>												
<input type="text"/>													

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.

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

4.0 – 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

4.1 – VIRTUAL AND MAIL FORWARDING SERVICES**Description of Service**

Combines Virtual Office Services

Mail handling & forwarding

Telephone Answering and call forwarding

Facsimile handling and forwarding

Email

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

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

4.2 – 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"/>
<input type="text"/>
<input type="text"/>

4.3 – 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
 British Airways In-flight Magazine
 Other Please Specify: _____

Other useful information for our marketing department:

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

FOR OFFICIAL USE

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 MeSend an email to Advise by fax to this number **OPTION B – BANK TRANSFER**A bank transfer of USD Has been sent to OCRA (Mauritius) Limited's account at:The Mauritius Commercial Bank Ltd
Sir William Newton Street
Port Louis
MauritiusBeneficiary Details:
OCRA (Mauritius) Limited
Account Number: 000011689153
Swift Code: MCBLMUMU
IBAN NO: MU95MCBL0901000001689153000USDPlease quote a reference including your Company name. 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 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** Yes NoOr the following person (name and address):
OPTION C - DEBIT COMPANY'S BANK ACCOUNT Yes NoSend 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. 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 www.ocra.com.
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: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____
Name: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____
Name: _____	Name: _____
Signature: _____ Date _____	Signature: _____ Date _____

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, 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.

<i>Name</i>	<i>Signature</i>
<i>Bank Name</i>	<i>Capacity/Position Held</i>
<i>Phone</i>	<i>Email Address</i>
<i>Date</i>	<i>Bank Address</i>

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.

NOTES:

