



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 Seychelles 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 to the office handling this matter

**1.0 - PROPOSED SEYCHELLES IBC COMPANY NAME**

Please provide a list of company names for the proposed company unless you have already reserved a pre incorporated company. The suffixes permitted are Limited, Corporation, Incorporated, Société Anonyme or their abbreviations. A wide variety of other suffixes such as BV, GmbH, and SARL may also be used.

First Choice	<input type="text"/>	Suffix:	<input type="text"/>
Second Choice	<input type="text"/>	Suffix:	<input type="text"/>
Third Choice	<input type="text"/>	Suffix:	<input type="text"/>

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Investment Holding  | <input type="checkbox"/> Trading in Goods/Services | <input type="checkbox"/> Consultancy          |
| <input type="checkbox"/> Property Investment | <input type="checkbox"/> Expatriate Salary         | <input type="checkbox"/> 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.




**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) 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"/>	

**2.2 - COMPANY SECRETARY**

The appointment of a Company Secretary is optional however OCRA Worldwide will appoint a Company Secretary to the company unless otherwise instructed.

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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):	<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 - 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                       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.

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 - 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 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"/>	

### 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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**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:

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

**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	<input type="checkbox"/> Current/ Checking	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> Fixed Deposit
Signatory (1)	<input type="text"/>	Signatory (2)	<input type="text"/>
Signatory (3)	<input type="text"/>	Signatory (4)	<input type="text"/>
Preferred Location of Account?	<input type="text"/>		
OCRA Worldwide to recommend a suitable Bank for the opening of a Corporate Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A specific Bank and Branch has been selected by the beneficial owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of specific Bank	<input type="text"/>	Branch	<input type="text"/>

**4.2 – VIRTUAL AND MAIL FORWARDING SERVICES**

Please indicate the service require by ticking the appropriate box.

Description of Service	Location				
	Isle of Man	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>
Combines Virtual Office Services	Isle of Man	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>
Mail handling & forwarding	Isle of Man	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>
Telephone Answering and call forwarding	Isle of Man	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>
Facsimile handling and forwarding	Isle of Man	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>
Email	Pop 3	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>



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

**4.3 – 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:


**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 – please select from the options below:**



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**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 MeSend 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 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 EMAIL ADDRESS** 

Or 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**ISO 9001:2000  
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- 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 _____

**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. Whilst we respect the confidentiality of our clients, we are obliged by law to obtain the following information relating to all beneficial owners, directors, shareholders, bank account signatories and all parties connected in any way to any company, business entity, trust or foundation we may form or administer:

- Proof of Identity
- Source of Wealth
- Proof of Residential Address
- Curriculum Vitae

## 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 clear photograph, the holders signature and the document 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:

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

Name

Signature

Company

Position/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 dated within the last three months, for each party:

- **Original** utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
  - **Original** bank or mortgage statement from a recognised bank.
  - **Original** 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.



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## 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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