



SEYCHELLES PERSONAL SERVICES COMPANY ORDER FORM

COMPANY SERVICES FOR PRIVATE CLIENTS ONLY
NOT FOR DISTRIBUTION PRIVILEGED INFORMATION

This order form leads you through a simple step by step procedure.

- Section 1** About the proposed Personal Services 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 the office handling this matter.

2.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE:

Would you like OCRA Worldwide to arrange for the appointment of **Professional Directors** to this company? 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 - 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 tick the appropriate boxes			
	Director	Beneficial Owner	Nominee Services	Number or % of Shares to Issue
Example: Mr John Smith	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%
(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

Should it be required 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 is described in section 2.1. 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 DETAILS - 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: Home Mobile: Home Fax: Home Email : Home Mail: Home Courier:
 Office Telephone: Office Mobile: Office Fax: Office Email : Office Mail: Office 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.

4.0 - ADDITIONAL SERVICES

Please indicate if you require any of the services below and your consultant will contact you shortly

- Opening of a corporate bank account
- Company credit card services
- Virtual office services (use of our address, mail forwarding, telephone and fax handling)
- Financial accounts preparation
- Trust or Foundation services
- International health care insurance
- Yacht registration and management services
- Immigration Services

Please state any other services you may require:

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4.1 - 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: _____

5.0 – PAYMENT OF INITIAL FEES – please select from the options below**OPTION A – CREDIT CARD N.B.* Credit Card Payments will be processed by OCRA (Mauritius) Limited**Type of Card Visa Amex Diners MasterCard 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 or fax to: **OPTION B – BANK TRANSFER**A bank transfer of USD/GBP of Has been sent to OCRA (Seychelles) Limited's account at:Barclays Bank PLC
75 Wall Street
New York, NY 10265, USA
Swift Address: BARCUSS 33
Telex: 62367 BB1 UWAccount Name:
Barclays Bank (Seychelles) Limited
Independence Avenue, P O Box 167
Victoria, Mahe
Seychelles
Account Number 00 29 0000 280For Credit to:
OCRA (Seychelles) Limited
Account Number : 109968722

Please quote a reference including your Company name.

Person/Company making transfer: Bank from which transfer was sent: Date transfer was made: **OPTION C – CHEQUE AND TRAVELLERS CHEQUES**A cheque for the USD/GBP/Euro is attached is being sent**OPTION D – BANKERS ORDER**A bankers order for the USD/GBP/Euro 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):

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.

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: