



ocraworldwide™
EXCELLENCE IN GLOBAL CORPORATE SERVICES

TRANSFER OF MANAGEMENT & ADMINISTRATION SERVICES ORDER FORM

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 Company being transferred to OCRA Worldwide
- Section 2** About the current management Company and Registered Agent
- Section 3** About the management and ownership structure and persons and legal entities connected to the Company
- Section 4** About the Company's Accounting and Audit Requirements
- Section 5** Services and related matters
- Section 6** Payment of fees
- Section 7** Formalities

Should you require assistance completing this form please contact your consultant.

Client engagement procedures are found within Appendix A and B 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;

1.0 – ABOUT THE COMPANY BEING TRANSFERRED TO OCRA WORLDWIDE

Please answer the following questions.

What is the full name of the Company including suffix?

Where was the Company Incorporated?

Please name state if applicable

Date of Incorporation?

Company Tax Status?

Incorporation Number?

Share Capital?

Currency?

Authorised Capital?

Issued Capital?

Type of Shares in issue?

Is the Company VAT Registered?

Yes

No

Is the Company is good standing?

Yes

No

If no please provide details of status?

1.1 - PURPOSE OF COMPANY (Tick the appropriate box)

Investment Holding

Trading in Goods/Services

Consultancy

Property Investment

Expatriate Salary

Other please specify

To assess your application, we need detailed information about what the company is being used for. Please list activities, goods to be traded, trading parties if known, nature of investments and services to be provided. **PLEASE ATTACH THE ORIGINAL BUSINESS PLAN IF AVAILABLE.**

1.2 – GEOGRAPHIC SPREAD OF BUSINESS

Please provide detailed information about where the company has been trading and/or investing. List regions and countries.

1.3 - HOW HAS THE COMPANY BE FUNDED TO DATE?

To comply with our statutory duties we must know how the company was be initially and subsequently funded. Please describe the source of funds that were 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.

| |
|--|
| |
| |
| |

1.4 - ABOUT THE TURNOVER, PROFIT AND TRANSACTIONS OF THE COMPANY

| | | |
|---|---|----------------------|
| How much start up capital was be invested into the business? | * | <input type="text"/> |
| What is the company's annual turnover | * | <input type="text"/> |
| What are the annual profits (if applicable) | * | <input type="text"/> |
| Average number of transfers into the company's bank account per month | * | <input type="text"/> |
| Average value of transfers into the company's bank account per month | * | <input type="text"/> |
| Average number of transfers out of the company's bank account per month | * | <input type="text"/> |
| Average 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:

| |
|--|
| |
| |
| |

1.5 CONTRACTS AND AGREEMENTS WHICH BIND THE COMPANY

Are any contracts or agreements in existence at this present moment in time? Yes No

If yes please provide details of the nature of the contract/agreement and trading parties involved?

1.6 LEGAL ACTION AND OR IMPENDING LITIGATION

Please confirm that no legal action has ever been taken against the company and to the best of your knowledge actions taken on behalf of the company will not lead to litigation in the future? No Action Yes Pending

If yes please provide details of the legal case and judgement.

| |
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| |
| |

1.7 - ABOUT THE COMPANY'S BANKERS AND BANK ACCOUNT(S)

If no bank accounts exist please proceed to 1.8

Name of the Company's Bankers?

Address

Please state IBAN numbers and account details

Names of bank signatories and signing powers

1.8 – ABOUT THE EXISTING MANAGEMENT AND OWNERSHIP STRUCTURE:

Please advise full details about the management and ownership structure to include details of corporate owners (if any) and their purpose within the overall structure.

1.9 ABOUT THE REASONS FOR TRANSFERRING THE MANAGEMENT TO OCRA WORLDWIDE

Please explain why you wish to transfer the Company to OCRA Worldwide's administration?

- Consolidation of Corporate Affairs
- Requirement for post sales services
- Dissatisfaction with existing management company
- Prices and fees
- Other, please specify

Do you know of any reason why OCRA Worldwide may decline to act? Yes No

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2.0 – ABOUT THE CURRENT MANAGEMENT COMPANY AND REGISTERED OFFICE/AGENT

Is the Management Company a licensed Corporate Service Provider?

 Yes No

Name of Management Company?

Contact Person:

Address:

City:

State/Region:

Post Code/Zip Code:

Country:

Office Telephone:

Office Mobile:

Office Fax:

Office Email:

Name and address (if known) of Registered Agent, if different from the Management Company:

Name:

Address:

City:

State/ Region

Post/Zip code:

Name and address (if known) of Registered Agent if different from the Management Company:

Registered Office address:

2.1 – WHAT SERVICES ARE CURRENTLY BEING PROVIDED BY THE EXISTING MANAGEMENT COMPANY?

Registered Office:

Directors/Managers/Officers:

Registered Agent:

Nominee Shareholders/ Owners:

Business Support Services e.g. Accountancy:

Company Secretary:

Other- please specify below:

2.2 - ABOUT FEES AND COSTS

When was the last time you paid the annual fees/and or services?

What was the cost of the last annual fee? (please include Currency)

When is the next annual fee due for payment?

Do you owe the Manaement Company any fees?

 Yes No

If yes, how much?

When is the next annual return to be filed?

When is the next date of payment of the Duty/Filing Fee(s)

2.3 ABOUT DISENGAGING THE EXISTING MANAGEMENT COMPANY

Subject to acceptance you will need to formally disengage the services of the existing management company. If you have not already done so please see appendix B. A letter of disengagement similar to the one outlined will need to be sent by fax and registered mail and copied to OCRA Worldwide for further processing.

3.0 - COMPANY MANAGEMENT AND OWNERSHIP STRUCTURE:

- Would you like OCRA Worldwide to arrange for the appointment of **Professional Directors/ Managers** 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 provide a **Company Secretary** (if applicable) to this company? Yes No

3.1 - OWNERS, SHAREHOLDERS, DIRECTORS AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES

Please provide details of who are the beneficial owner(s), shareholder(s), director(s), manager(s) or members of the Company. If OCRA Worldwide are not providing professional directors or managers we will require detailed information about the directors/managers 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 connected to the company.

| Names of Individuals or Legal Entities | Please cross the appropriate boxes | | | |
|--|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| | Director / Manager | 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"/> | |

3.2 POWERS OF ATTORNEY

Are any Powers of Attorney in issue and valid? Yes No

If Yes Please provide name of Attorney and date of expiry?

| | | |
|----------------------|-------|----------------------|
| <input type="text"/> | Date: | <input type="text"/> |
| <input type="text"/> | Date: | <input type="text"/> |

Are the Powers of Attorney Specific General

Will you require OCRA Worldwide to issue new Powers? Yes No

If the answer to the above question is yes, please attach copies of the Powers of Attorney issued for review.

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Please complete this page for every person or legal entity who/ that is described in section 3.1. If a **legal entity** is connected to the company please fill in sections 3.5, 3.6 and 3.7 only. Two pages provided. Please copy if necessary.

3.3 – 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

3.4 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address: _____

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

3.5 – 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: _____

3.6 - 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: _____

3.7 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary

Contact Person Managing Agent Intermediary
 Director/Appointed Manager Company Secretary An Existing Client
 Beneficial Owner/Shareholder, please state percentage ownership : _____
 Other please specify: _____

3.8 – 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 3.1. If a **legal entity** is connected to the company please fill in sections 3.5, 3.6 and 3.7 only. Two pages provided. Please copy if necessary.

3.3 – 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

3.4 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address: _____

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

3.5 – 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 Fax: _____
 Office Mobile: _____ Office Email: _____

3.6 - 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: _____

3.7 – CONNECTION TO THE COMPANY – Please indicate by ticking the boxes or completing as necessary

Contact Person Managing Agent Intermediary
 Director/Appointed Manager Company Secretary An Existing client
 Beneficial Owner/Shareholder, please state percentage ownership:
 Other please specify: _____

3.8 – 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 – ABOUT THE COMPANY ACCOUNTING AND AUDIT REQUIREMENTS

If applicable are annual accounts available for the company? Yes if yes please provide copies. No

If no please state reasons why?

If applicable please provide details of the accounting period?

Do you wish OCRA Worldwide to provide accounting services? Yes No

***NB** If professional directors/mangers are to be provided by OCRA Worldwide accounting services are mandatory.

4.1 AUDIT REQUIREMENTS

In certain jurisdictions an independent audit is required.

If applicable have the Directors of the company appointed an Yes No

If yes please provide name and address of the firm

Would you like to retain this firm for future audit work? Yes No

Would you like OCRA Worldwide to arrange for the appointment of new auditors? Yes No

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5.0 – SERVICES AND RELATED MATTERS

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

- | | |
|--|---|
| <input type="checkbox"/> Opening of a corporate bank account | <input type="checkbox"/> Company credit card services |
| <input type="checkbox"/> VAT Registration | <input type="checkbox"/> Trust or Foundation services |
| <input type="checkbox"/> International health care insurance | <input type="checkbox"/> Yacht registration and management services |
| <input type="checkbox"/> Immigration Services | <input type="checkbox"/> Trade Mark Registration |
| <input type="checkbox"/> Virtual office services (use of our address, mail forwarding, telephone and fax handling) | |

Please state any other services you may require:

FOR OFFICIAL USE**5.1 - MARKETING INFORMATION**

Please assist us with some information for our marketing department.

How did you hear about OCRA Worldwide?

- | | | |
|--|--|---|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Standard Result | <input type="checkbox"/> Sponsored Link |
| <input type="checkbox"/> Advertisement | | |
| <input type="checkbox"/> Telephone Directory | | |
| <input type="checkbox"/> Lawyer/Financial Adviser/Tax Consultant | | |
| <input type="checkbox"/> Referral from a Friend | | |
| <input type="checkbox"/> I am an Existing Client | | |

Which of our advertisements have you seen?

- | |
|--|
| <input type="checkbox"/> bbcworld.com |
| <input type="checkbox"/> BBC World TV Advertisement |
| <input type="checkbox"/> The Economist |
| <input type="checkbox"/> Financial Times |
| <input type="checkbox"/> In-flight Magazine |
| <input type="checkbox"/> Other Please Specify: _____ |

Other useful information for our marketing department: _____

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

6.0 – PAYMENT OF 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 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 transferred.

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**6.1 – 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):

7.0 – 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):

7.1 – MANDATE

We will only accept instructions if they are signed by all the owners and/or directors or managers 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: _____

7.2 – 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 wish to transfer to OCRA Worldwide and I/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 fully understand that the order form to transfer the administration and management of the Company to OCRA Worldwide is subject to acceptance and may be declined.
3. 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.
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 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.
6. 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.
7. I/we do not wish to appoint a Managing Agent

| | |
|------------------|------------------|
| Name: _____ | Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |
| Name: _____ | Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |
| Name: _____ | Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

7.3 – 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.

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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EXAMPLE LETTER TO DISENGAGE THE EXISTING MANAGEMENT COMPANY

The draft letter as detailed below is for guidance purposes only. Please contact your relationship manager should you require advice or where your corporate affairs are of a complex nature.

Your address:

Date:

Address of Management Company:

by fax and registered post

Contact Person:

Dear Sirs/Madam,

Re: (ABC TRADING COMPANY)

In accordance with your terms of business I/we hereby give formal notice of my/our requirement to disengage your services in relation to the above company.

I/we have instructed OCRA Worldwide to takeover the administration and management of the said company and hereby authorised you to liaise with OCRA Worldwide and to release any information that they may request in order to expedite the transfer of management and administration.

Please acknowledge receipt of this letter and confirm that you will act on it accordingly.

I/we would like to thank you for the services rendered to date and remain

With kind regards

Yours faithfully

Name

NOTES