



ocraworldwide™
EXCELLENCE IN GLOBAL CORPORATE SERVICES

UNITED KINGDOM LIMITED PARTNERSHIP (LLP) 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 United Kingdom LLP
- 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 (Isle of Man) Limited	or	OCRA (London) Limited
Grosvenor Court		3 rd Floor, 14 Hanover Street
Tower Street		Mayfair
Ramsey		London
Isle of Man IM8 1JA		W1S 1YH

Tel: +44 1624 811000

Fax: +44 1624 811001

Email: ocra@ocra.com

Tel: +44 (20) 7317 0600

Fax: +44 (20) 7317 0610

Email: ocrauk@ocra.com

1.4 - GEOGRAPHY OF PROPOSED BUSINESS

Please provide detailed information about where the LLP will trade and/or invest. List regions and countries.

1.5 - HOW WILL THE LLP BE FUNDED?

To comply with our statutory duties we must know how the LLP will be initially and subsequently funded. Please describe the source of funds that will be used to finance the LLP 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, documentation will be required from the bank concerned.

1.6 - ABOUT THE TURNOVER, PROFIT AND TRANSACTIONS OF THE LLP

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 LLPs bank account per month	*
Estimated value of transfers into the LLP's bank account per month	*
Estimated number of transfers out of the LLP's bank account per month	*
Estimated value of transfers out of the LLP's bank account per month	*
* Please indicate the currency quoted in full	

Any other pertinent Information:

2.0 - LLP MANAGEMENT AND OWNERSHIP STRUCTURE

Would you like OCRA Worldwide to provide **Designated Members/ Members/** for this LLP? Yes

Would you like OCRA Worldwide to assist in the establishment of a **Trust or Foundation** to own this LLP? Yes

2.1 - OWNERS, DESIGNATED MEMBERS, MANAGERS AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES

Please provide details of who will be the beneficial owner(s), designated members or member(s) of the LLP. If OCRA Worldwide is not providing professional designated members or managers we will require detailed information about the proposed members/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 to be connected to the LLP.

Please note the statutory requirements for the LLP:

Managers	Designated Members	Members	Secretary	
Optional	2 Designated Members	Optional	Not Applicable	
Please cross the appropriate boxes				
Names of Individuals or Legal Entities	Designated Member/Member	Beneficial Owner	Nominee Services	% Interest
Example: Mr John Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%
(1)	Designated Member <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2)	Designated Member <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	
(4)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	
(5)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	
(6)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	
(7)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	
(8)	<input type="checkbox"/> Member	<input type="checkbox"/>	<input type="checkbox"/>	

2.2 PARTNERSHIP/ MEMBERS AGREEMENT

It is normal practice for the partners/members to enter into an agreement which clearly defines their equity participation and provides for a framework which governs the rights, responsibilities and duties of each partner/member.

Would you like OCRA Worldwide to provide a Members Agreement? Yes No

A Members Agreement will be provided to OCRA Worldwide Yes No

I/We confirm that we have taken the appropriate Legal Advice in connection with the Members Agreement provided to OCRA Worldwide Yes No

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 LLP 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	<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:

3.4 – CONNECTION TO THE LLP – 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"/> Designated Member	<input type="checkbox"/> Member	<input type="checkbox"/> An Existing Client
<input type="checkbox"/> Beneficial Owner	please state percentage ownership :	<input type="text"/>
<input type="checkbox"/> 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 LLP 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	<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:

3.4 – CONNECTION TO THE LLP – 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"/> Designated Member	<input type="checkbox"/> Member	<input type="checkbox"/> An Existing client
<input type="checkbox"/> Beneficial Owner	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.

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

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

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

4.3 – ACCOUNTING AND AUDIT SERVICES

Please note that it is a mandatory requirement to produce financial statements in accordance with the international Accounting Standard and to arrange for a local independent registered auditor if the turnover exceeds £5.6 million or the net assets exceeds £2.5 million.

Would you like OCRA Worldwide to arrange for the provision of Accounting Services? Yes No

Would you like OCRA Worldwide to arrange for the provision of Audit Services? Yes No

If No please provide details of the firm who will be providing the service:

Company Name:	<input type="text"/>		
Contact Person:	<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"/>

Do you require assistance with VAT Registration Yes No

4.4 – 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:

4.5 – 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**OPTION A – CREDIT CARD**Type of Card 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**A bank transfer of USD/GBP/EUR Has been forwarded to**OCRA (Isle of Man) Limited's account at Barclays Bank Plc, Victoria Street, Douglas, Isle of Man, British Isles**

Currency	Account Number	Sort Code	Swift Code	IBAN Number
<input type="checkbox"/> GBP	50682209	20 26 74	BARCGB22	GB53 BARC 2026 7450 6822 09
<input type="checkbox"/> USD	59660133	20 26 74	BARCGB22	GB75 BARC 2026 7459 6601 33
<input type="checkbox"/> EUR	67021866	20 26 74	BARCGB22	GB58 BARC 2026 7467 0218 66

OCRA (London) Limited's account Barclays Bank Plc, Knightsbridge Branch, 38 Hans Crescent, London, SW1X 0LZ

<input type="checkbox"/> GBP	80290661	20 47 35	BARCGB22	GB54 BARC 2047 3580 2906 61
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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 USD/GBP/EUR is attached is being sent**5.1 – PAYMENT OF FUTURE ADMINISTRATION AND ANNUALE 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 NoSend copy of invoice to mailing address of (if applicable): 

6.0 – LLP DOCUMENTS

Hold LLP documents in safe custody

Send LLP documents to mailing address of:

Send LLP 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 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: _____

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 LLP 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 LLP 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 LLP 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 LLP 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. 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 regrettably 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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