

**PLEASE COMPLETE IN BLOCK CAPITALS AND FAX OR EMAIL
TO + 44 845 868 6407 OR INFO@WWINCORP.COM**

Company Details

Please provide three choices of company name in order of preference

Name 1 _____

Name 2 _____

Name 3 _____

Jurisdiction _____ Type of company: _____

Planned activities _____

Director Details

If the Director is a company:

Corporate name: _____

If the Director is an individual:

Surname: _____ Forenames: _____

Address: _____

_____ City: _____

Country: _____ Post/Zip code: _____

Tel: _____ Email: _____

Country of incorporation or citizenship: _____

Company or passport number: _____ Date of incorporation or birth _____

For more than one Director please complete the additional Director's details in the "Extra Information" section at the end of this form.

If you require WWincorp nominee Director services, please contact us to discuss this further.

Shareholder Details

(If the Shareholder is also a Director enter "As above")

If the Shareholder is a company:

Corporate name: _____

If the Shareholder is an individual:

Surname: _____ Forenames: _____

Address: _____

_____ City: _____

Country: _____ Post/Zip code: _____

Tel: _____ Email: _____

Country of incorporation or citizenship: _____

Company or passport number: _____ Date of incorporation or birth _____

For more than one Shareholder please complete the additional Shareholder's details in the "Extra Information" section at the end of this form.

We will incorporate with the jurisdictions standard authorised share capital and issue one share to each Shareholder unless instructed otherwise.

If you require WWincorp nominee Shareholder services, please contact us to discuss this further.

Secretary Details

(If the Secretary is also a Director or Shareholder enter "As above")

If the Secretary is a company:

Corporate name: _____

If the Secretary is an individual:

Surname: _____ Forenames: _____

Address: _____

_____ City: _____

Country: _____ Post/Zip code: _____

Country of incorporation or citizenship: _____

Company or passport number: _____ Date of incorporation or birth _____

If you require a WWincorp Company Secretary please contact us to discuss this further.

Beneficial Owner Details and Due Diligence Requirements

If the Beneficial Owner is also a Director, Shareholder or Secretary enter "As above"

Surname: _____ Forenames: _____

Address: _____

_____ City: _____

Country: _____ Post/Zip code: _____

Country of citizenship: _____

Passport number: _____ Date of birth: _____

Anti-Money Laundering Regulations require that we obtain the listed documents on **each beneficial owner of the company**, these should be sent to our office, by fax (+44 845 868 6407) or email (info@wwincorp.com):

- Certified passport copy
- Utility bill or bank statement (no older than three months) as proof of address
- Professional (e.g. from an accountant, lawyer, doctor, dentist) or Bank Reference

Payment Information

Payment can be made by bank transfer to one of the accounts shown below, **please ensure all charges are covered by yourselves and use the name of the Company to be incorporated as the reference.**

Account name: WWincorp

Bank: HSBC, 129 New Bond Street, London, W1A 2JA

	Sterling	Dollar	Euro
Account #	3156 4285	5977 4877	5977 3422
Sort Code	40-05-01	40-05-15	40-05-15
SWIFT	MIDLGB2107C	MIDLGB22	MIDLGB22
IBAN	GB62MIDL40050131564285	GB16MIDL40051559774877	GB16MIDL40051559773422

Declaration

_____ (the "Company")

I, _____, do solemnly and sincerely declare:

THAT I am the/an ultimate beneficial owner of the Company and that I am not acting as a nominee for any undisclosed third party.

THAT the Company (or structure of which it forms a part) has been established for the purpose of:

THAT the funds or other assets transferred or to be transferred by myself or by other persons to the Company, are derived from _____

THAT all funds or other assets which will be transferred to the Company, are and will be clean, cleared assets of a non-criminal origin and will not be funds or assets deriving or derived from the sale of illegal drugs, money laundering or other criminal activities.

THAT I am aware of my tax reporting obligations, if any, with respect to the establishment and ownership of the Company.

THAT the Company will not engage in activities contrary to the laws of the country of incorporation as well as the laws of any country in which the company may operate.

THAT no advice received from WWincorp affected our decision to incorporate the Company.

THAT the information I have provided in support of this application is truthful and that I have not omitted any material fact.

Date: _____ Signature: _____

Witnessed by:

Name of witness: _____

Address: _____

Occupation: _____

Signature: _____

Extra Information

Additional Director/Shareholder* Details

If the Director/Shareholder* is a company:

Corporate name: _____

If the Director/Shareholder* is an individual:

Surname: _____ Forenames: _____

Address: _____

_____ City: _____

Country: _____ Post/Zip code: _____

Tel: _____ Email: _____

Country of incorporation or citizenship: _____

Company or passport number: _____ Date of incorporation or birth _____