

**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 (the company name should end with Limited, Ltd., Corporation, Corp. , Incorporated or Inc.)

Name 1 \_\_\_\_\_  
Name 2 \_\_\_\_\_  
Name 3 \_\_\_\_\_  
Jurisdiction \_\_\_\_\_  
Planned activities \_\_\_\_\_

**Director Details**

If the Director is a company:

Corporate name: \_\_\_\_\_

If the Director is an individual:

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

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:

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

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:

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

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"

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

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):

- 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

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

Payment can also be made using PayPal by sending the payment to [accounts@wwincorp.com](mailto:accounts@wwincorp.com)

## Declaration

\_\_\_\_\_ (Enter the proposed company name)

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 the company will not carry on banking or trust business unless it is licensed to do so under the relevant legislation.

THAT the company will not carry on business as an insurance or a re-insurance company unless licensed under an enactment authorising it to carry on that business

THAT the company will not carry on the business of company management unless it is licensed under the relevant acts.

THAT the company will not carry on the business of providing a registered office or registered agent for companies.

THAT no information received from WWincorp was considered as advice nor was it used as the basis 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by:

Name of witness: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Additional Director/Shareholder\* Details**

If the Director/Shareholder\* is a company:

Corporate name: \_\_\_\_\_

If the Director/Shareholder\* is an individual:

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Post/Zip code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Country of incorporation or citizenship: \_\_\_\_\_

Company or passport number: \_\_\_\_\_ Date of incorporation or birth \_\_\_\_\_