



CYPRUS LIMITED COMPANY FORMATION

INSTRUCTING PARTY: THE UNDERSIGNED PARTY/IES / BENEFICIARIES
SERVICE PROVIDER: FOCUS BUSINESS SERVICES (CYPRUS) LIMITED

1. **COMPANY NAME – FROM OUR PRE APPROVED NAME LIST:.....**
or **NEW APPLICATION (Please inform us with 3 choices - + 5 WORKING DAYS)**
A) B) Γ).....
2. **COMPANY OBJECTIVES – c/o FBS (CYPRUS) LTD: BASED ON OUR DISCUSSIONS - GENERAL COMMERCIAL (&HOLDING) COMPANY ARTICLES CONTAINING A VERY BROAD SPECTRUM OF OBJECTS (ACTIVITIES)**
3. **SHARE CAPITAL (EURO)**
A. Total: 5,000
B. Class: Ordinary
Γ. Nominal value: 1EURO
4. **DIRECTORS**
A. INDEPENDENT DIRECTORS ARE APPOINTED
B. Please complete: Name...../ Address
/Nationality / Profession
5. **COMPANY REGISTERED OFFICE**
(C/O **FOCUS BUSINESS SERVICES (CYPRUS) LIMITED**)
LIBRA HOUSE, 21 PANTELI KATELARI STREET, P.O. BOX 22784, 1524 NICOSIA, CYPRUS
COMPANY SECRETARY
A. INDEPENDENT SECRETARY IS APPOINTED
B. Please complete: Name...../ Address
/Nationality / Profession
6. **SHAREHOLDERS (IF YOU WISH TO BE PROVIDED WITH NOMINEE SHAREHOLDERS (ANONIMITY)**
C/O FOCUS BUSINESS SERVICES (CYPRUS) LIMITED YES / NO
Please complete: Name...../ Address
/Nationality / Profession % of shares.....

APPLICATION & ANTI - MONEY LAUNDERING DECLARATION

WE THE UNDERSIGNED BENEFICIARIES HEREBY REQUEST AND INSTRUCT YOU, FOCUS BUSINESS SERVICES (CYPRUS) LIMITED [HEREINAFTER CALLED "FBS"] TO PROCEED WITH THE FORMATION AND ADMINISTRATION OF A CYPRIOT COMPANY AND PROVIDE ALL RELATED SERVICES, BOTH THOSE SPECIFIED BY US IN THIS FORM AND ALL AND ANY SERVICES REQUESTED BY US FROM TIME TO TIME BASED ON THE DETAILS AND UNDER THE TERMS AND CONDITIONS CONTAINED IN THIS FORM AND WE HEREBY PERSONALLY GUARANTEE AND UNDERTAKE TO PAY ALL FINANCIAL OBLIGATIONS ARISING OUT OF THE PROVISION OF THE ABOVE SERVICES AND SETTLE ANY INVOICES OR REQUESTS FOR PAYMENT ISSUED BY FOCUS BUSINESS SERVICES (CYPRUS) LTD.

TERMS & CONDITIONS - SUBJECT TO PERIODIC CHANGES BY FBS:

THE BENEFICIARIES HEREBY CERTIFY AND CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND CONFIRM THAT THE COMPANY WILL NOT BE USED FOR ANY ILLEGAL PURPOSE.

THE BENEFICIARIES HEREBY DECLARE AND CONFIRM THAT THEY HAVE CLEAR CRIMINAL AND CREDIT RECORDS AND THAT ALL THEIR INSTRUCTIONS AND REQUESTS ARE LEGAL AND IN ACCORD WITH CYPRUS LAW AND THE LAW OF THEIR COUNTRY AND OF ANY COUNTRY IN WHICH THE COMPANY WILL CONDUCT BUSINESS AND THAT THEY HAVE RECEIVED AND WILL CONTINUE TO RECEIVE PROFESSIONAL ADVICE FROM THEIR LAWYERS AND FINANCIAL ADVISORS REGARDING THE FORMATION AND OPERATION OF THE COMPANY TO BE FORMED IN PURSUANCE TO THE PRESENT WRITTEN INSTRUCTIONS.

THE BENEFICIARIES UNDERSTAND AND ACCEPT THAT ALL FEES AND COSTS AND TERMS OF BUSINESS RELATING TO ALL SERVICES TO BE PROVIDED BY FBS ARE AS PER FORM A1 ALREADY RECEIVED BY US AND THE OFFICIAL FBS FEE SCHEDULE WHICH HAS BEEN FORWARDED TO THEM BY FBS AND/OR IS PUBLISHED ON THEIR WEBSITE OF FBS AT WWW.FBSCYPRUS.COM AND WHICH THEY HAVE STUDIED AND WITH WHICH THEY FULLY AGREE.

IN THE EVENT OF THE COMPANY OR ITS BENEFICIARIES FAILING TO PAY ANY REQUESTS FOR PAYMENT OR INVOICES ISSUED BY FOCUS BUSINESS SERVICES (CYPRUS) LTD OR ANY OF ITS GROUP COMPANIES, FBS SHALL

ACCEPTANCE OF INSTRUCTIONS

DUE DILIGENCE /COMPLIANCE DEPT. CLEARANCE

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HAVE THE RIGHT TO TERMINATE THE PROVISIONS OF ALL OF ITS SERVICES FORTHWITH AND CHARGE THE COMPANY AND ITS BENEFICIARIES FOR THE COST INHERENT IN SUCH A TERMINATION OR OF ANY SERVICES THAT HAVE TO BE RENDERED.

FOLLOWING THAT TERMINATION THE FEES OF FBS IN SUCH CIRCUMSTANCES SHALL NOT BE GOVERNED BY THE PRESENT AGREEMENT AND SHALL BE COMMUNICATED TO THE BENEFICIARIES AT A TIME THAT FBS DEEMS APPROPRIATE AND THAT ALLOWS THE BENEFICIARIES REASONABLE TIME TO AVOID INCURRING THE RELEVANT FEES AND CHARGES.

THE BENEFICIARIES HEREBY UNDERTAKE TO FULLY INDEMNIFY FBS AND ANY NOMINEE SHAREHOLDERS, DIRECTORS AND OTHER OFFICERS PROVIDED BY FBS AGAINST ANY LOSSES, DAMAGE OR EXPENSES ARISING OUT OF OR DUE TO THEIR OFFICE OR CAPACITY IN THE COMPANY.

ADDITIONAL DUE DILIGENCE (“KNOW YOUR CLIENT & KNOW YOUR CLIENT BUSINESS” & ANTI-MONEY LAUNDERING PROCEDURES) FOR BENEFICIARIES MAY BE REQUIRED AND FBS RETAINS THE RIGHT TO REQUEST FURTHER RELEVANT PROOF AND DOCUMENTATION.

THE BENEFICIARIES MAY TERMINATE THE AGREEMENT ARISING OUT OF THE PRESENT INSTRUCTIONS UPON WRITTEN NOTICE OF TERMINATION THREE MONTHS PRIOR TO THE INTENDED TERMINATION DATE.

FOR THE PURPOSES OF THESE INSTRUCTIONS AND RESULTING AGREEMENT, “FBS” MEANS FOCUS BUSINESS SERVICES (CYPRUS) LTD AND ALL THE COMPANIES MANAGED OR CONTROLLED BY IT OR AFFILIATED WITH IT IN RELATION TO THE PROVISION OF SERVICES TO THE COMPANY TO BE ESTABLISHED AND/OR THE BENEFICIARIES WHEREAS “BENEFICIARIES” MEAN THE PERSONS OR ENTITIES WHO SIGN THE PRESENT INSTRUCTIONS AND WHO WILL BE DIRECTLY OR INDIRECTLY THE SHAREHOLDERS OF THE COMPANY TO BE ESTABLISHED SUBJECT TO THESE INSTRUCTIONS.

THE COURTS OF CYPRUS SHALL HAVE EXCLUSIVE JURISDICTION OVER ANY MATTER OR DISPUTE OVER OR IN RELATION TO THESE INSTRUCTIONS OR ARISING AGREEMENT OR CO-OPERATION AND THE APPLICABLE LAW SHALL BE CYPRUS LAW.

NAME:			
SURNAME:			
ADDRESS:			
PASSPORT NUMBER:			
DATE:			

% OF PARTICIPATION IN THE COMPANY

SIGNATURES: X..... X..... X.....

INITIAL DOCUMENTS REQUIRED FROM EACH BENEFICIARY TO BE EMAILED / FAXED AND COURIERED TO FBS

**PASSPORT COPY (OR COPY OF EU I.D. CARD - IF EU RESIDENT)
 COMPLETED & SIGNED REGISTRATION FORM (THIS DOCUMENT)**

NOTE: COPY THIS PAGE AS MANY TIMES AS NECESSARY IF THERE ARE MORE THAN 3 BENEFICIARIES.

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ANNUAL FEE NOTIFICATION
(FORM A1)

**A SEPARATE DOCUMENT (FEE PROPOSAL FORM - FORM A1)
MUST BE COMPLETED BY YOURSELVES & SENT TO US**

TO GET A COPY OF FORM A1 PLEASE CONTACT:

ARIS KOTSOMITIS

Nicosia Main Office:
SEVERIS HOUSE, No. 9, Archbishop Makarios III Avenue
P.O.BOX 22784, 1524 NICOSIA, CYPRUS
Tel.: +357 22 456 363 (10 lines) Fax: +357 22 668 180
aris.kotsomitis@fbscyprus.com

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**CONTACT DETAILS - ONLY FOR USE BY FBS IN ITS
 COMMUNICATION WITH YOURSELVES**

BENEFICIARY'S NAME:		
COMPANY NAME:		
TELEPHONE NUMBER:		
MOBILE NUMBER:		
FAX NUMBER:		
EMAIL:		
CORRESPONDENCE ADDRESS:		

SPECIAL INSTRUCTIONS REGARDING THE MODE OF COMMUNICATION:

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SIGNATURES:

X

X

X

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