CYPRUS

INCORPORATION FORM

The following information is required to incorporate and establish the corporate records of a Cyprus Company. Information about the company's beneficial owners, shareholders, directors and officers is kept in strict confidence with us. Only the names of registered shareholders are shown on the company's annual returns to the Registrar of Companies and are a matter of public record. The use of nominee shareholders is recommended if beneficial owners do not wish to publicly disclose their interest in the company.

PROPOSED NAME

- Please list in order of preference.
- A company name must end with the word "Limited".
- 1.

 2.

 3.

PURPOSE OF THE COMPANY/SOURCE OF ASSETS

Please indicate the purpose for which the Company is required. (Please provide full details – "holding company" is not sufficient.)

Please describe/identify the assets that will be held by the Company.

From what source or sources have the assets/funds to be introduced into the Company been derived? (How did you acquire the assets that will be held by the Company? The description must be clear and self-explanatory. Explanations such as "inheritance" or "sale of property" are not sufficient and require further explanation.)

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Yes

CAPITAL

TRIDENTTRUST

The proposed authorised capital of the company is usually expressed in euros(€). Stamp Duty is payable and calculated on the basis of the value of the nominal capital and is calculated as (share capital in euros(\in) x rate) = 0.6% + €102.52. A minimum of 1 share must be issued.

Unless instructed to the contrary the company will be incorporated with an authorised share capital of €5,000 divided into 5,000 shares of €1 each and an issued share capital of 1,000 shares of €1 each.

Standard issued and authorised share capit
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If no, please state:

Authorised Share Capital

Issued Share Capital

Fully Paid Share Capital

One class of shares to be authorised*

If no, attach a separate schedule describing requirements.

SHAREHOLDERS

Corporate shareholders are permitted. The company must have a minimum of one registered shareholder at all times. A reference letter on the beneficial owner must be provided irrespective of whether nominee registered shareholders are provided. The name of the beneficial owner is purely for our internal records, and is not disclosed on any permit and/or official document and is not part of public record.

Do you wish us to provide nominee shareholders?

If yes, please use the following to indicate the beneficial owner details and the number of shares to be held by this nominee shareholder.

If no, and the beneficial owner(s) is (are) to hold the shares in their own name(s) as registered shareholder(s), then please use the following to indicate this registered shareholding. If the shareholder is a Corporate Shareholder kindly indicate "Shareholder" (delete "Beneficial Owner") and also use the available space to indicate the "Beneficial Owner" (delete "Shareholder") of the Corporate Shareholder.

For due diligence purposes we need to identify a natural person as the ultimate beneficial owner.

* Shelf Companies are incorporated with one class of shares.

Companies

Yes

🗆 No

🗆 No

Yes 🗆 No

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Shareholder/Beneficial Owner #1 ([Delete as Appropriate)	
Name	Occupation	
Address		
Nationality	Passport Number	
Phone	Fax	
Email	No. of Shares	
Shareholder/Beneficial Owner #2 ([Delete as Appropriate)	
Name	Occupation	
Address		
Nationality	Passport Number	
Phone	Fax	
Email	No. of Shares	
Shareholder/Beneficial Owner #3 ([Delete as Appropriate)	
Name	Occupation	
Address		
Nationality	Passport Number	
Phone	Fax	
Email	No. of Shares	
Shareholder/Beneficial Owner #4 ([Delete as Appropriate)	
Name	Occupation	
Address		
Nationality	Passport Number	
Phone	Fax	
Email	No. of Shares	
REGISTERED OFFICE & SE	C R E T A R Y	
Please confirm that our local affiliate, Tri is to provide the Registered Office and S] No

Companies

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DIRECTORS A minimum of one director is required. Director services can be provided by our local affiliate subject to our terms of business. A notarised passport copy or incorporation certificate accordingly, needs to be submitted. Do you require us to provide directors? Yes 🗆 No If no, please provide information below. **Director #1** Name Address Nationality Passport Number Phone Fax Email Occupation **Director #2** Name Address Nationality Passport Number Phone Fax Email Occupation **Director #3** Name Address Nationality Passport Number Phone Fax Email Occupation **Director #4** Name Address Nationality Passport Number Phone Fax Email Occupation providing confidence through performance

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INCORPORATION FORM

DUE DILIGENCE

Please confirm that the following documents required for each beneficial owner, director, shareholder and attorney are enclosed: (Please refer to Guidance Notes on page 7 for further details.)

Original Bank References	Yes	🗆 No
Notarised Photocopy of Passport	□ Yes	🗆 No
Curriculum Vitae/Resume	□ Yes	🗆 No
Notarised Copies of Corporate Documents (Corporate Shareholders)	□ Yes	🗆 No
Confirmation of Residential Address	Yes	🗆 No

Note: All the above documents should be in English or to be accompanied by an official English translation.

BANKERS

We are able to assist with the establishment and administration of local bank accounts. Accounts may be maintained in a number of foreign currencies. Local regulations require that funds must be brought from abroad.

Do you require us to open a bank account for the com	□ Yes	🗆 No	
If yes, name of bank			
Names of authorised signatories:			
Signatory	Signatory		
Signatory	Signatory		
AUDITORS			
A Cyprus Company is required to file annual audited a	ccounts with the Registrar o	of Companies.	

Do you require us to recommend a local auditor?	□ Yes	🗆 No
If no, name of auditing firm		

ACCOUNTING SERVICES

We	e are	able	to pro	ovide	the	relev	ant A	ccor	Intin	g/Boo	okkee	ping	and	VAT	service	es	necessai	ry to	assist	the	com	pany
and	d the	local	audit	or in t	the	prepa	aratio	n of	year	end	ассог	ints.										

Do you require us to provide accounting and/or VAT services?	Yes	🗆 No
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POWER OF ATTORNEY

Please specify if a special power of attorney is required and provide particulars.

If required, please give details of the proposed attorney.

Full Name

Passport Number

Nationality

Residential Address

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	INCORPORATION FORM
APOSTILLED DOCUMENT	ſS
f required, please specify the docume	ents.
OTHER	
Person to whom initial invoice and re	gistration documents are to be sent.
Name	
Address	
Phone	Fax
Email	
Person to whom post incorporation in	nvoices are to be sent (if different from above).
Name	
Address	
Phone	Fax
Email	
NameAddress	ers to give instructions (if different from above).
Phone	Fax
Email	
Please provide additional information	n and/or specific requests for consideration.

Companies

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INCORPORATION FORM

DECLARATION

I/we declare and affirm that the information provided herein is true and correct and that the assets to be introduced into the Company are from lawful sources. If requested to do so, we will provide Trident with any further evidence of verification of the identity or activities of the Relevant Individual and will promptly inform Trident of any changes in the shareholding, directors, officers or beneficial owners of the Company. I/we have read and accept Trident's Standard Terms of Business.

Completed By

Name	Title
Company/Firm	Email
Address	Phone
	Fax
Signature	Date

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GUIDANCE NOTES

Certified Copy Passport

A certified copy of the Relevant Individual's passport is required (photograph and signature pages). Certification must be by a suitable person such as a lawyer or accountant, a director or manager of a regulated credit or financial institution, a notary public, a member of the judiciary, a senior civil servant or a serving Police Officer.

The certifier should legibly sign the copy document and clearly indicate his capacity or position on it and, in the case of a passport, must state that the photograph bears a true likeness of the Relevant Individual. Please note that all copy documents provided to us should be clearly legible, particularly those documents containing photographs and signatures.

Proof of Address

This requirement may be fulfilled by providing a recent utility bill, current year local tax authority bill, current photocard driving licence (provided it contains the Relevant Individual's address), bank, building society or credit union statement or passbook containing current address or most recent original mortgage statement from a recognised lender. Any copy document provided must be certified by either a lawyer, banker or other regulated person and must be legible.

This requirement may be met by including the residential address details in the body of the Reference requested below.

Reference

A reference from a regulated professional who knows the Relevant Individual in a professional capacity (i.e. is not simply an acquaintance) is required (e.g. a lawyer, accountant or the director or manager of a regulated financial institution). The reference should state the full name of the Relevant Individual, full residential address, date of birth and the length of time the Relevant Individual has been known to the referee. Reference provided should be current, i.e. not older than one month.

The reference should be addressed to Trident Trust Group – Corporate Services Division. References addressed "To Whom it May Concern" are not acceptable.

Requirement

It is a legal requirement for us to obtain the information and support documentation requested in this form prior to commencing a formal relationship with you as a client. All information and support documentation will be held in the strictest confidence. This form should be read in conjunction with our Terms of Business, which is available on request. By executing this form you are deemed to have accepted our Terms of Business.

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Please contact any Trident Trust office worldwide for further information. Office contact details are included on the following page.	Trident Trust Company (Cyprus) Ltd Trident Centre 115 Griva Digeni Avenue PO Box 58184 3731 Limassol, Cyprus Tel +357-258-20-650 Fax +357-253-61-857 cyprus@tridenttrust.com	

EUROPE

GUERNSEY

Trident Trust Company (Guernsey) Ltd Tel +44-1481-727571 Fax +44-1481-723162 guernsey@tridenttrust.com

ISLE OF MAN

Trident Trust Company (IOM) Ltd Tel +44-1624-646700

Fax +44-1624-620588 iom@tridenttrust.com

IERSEY

Trident Trust Company Ltd Tel +44-1534-733401 Fax +44-1534-727195

jersey@tridenttrust.com

THE AMERICAS/ BAHAMAS CARIBBEAN

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BARBADOS

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BRITISH VIRGIN ISLANDS

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ASIA/PACIFIC

HONG KONG Trident Corporate Services (Asia) Ltd Tel +852-2805-2000 Fax +852-2850-4090 hongkong@tridenttrust.com

MIDDLE EAST/ CYPRUS AFRICA

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Trident Fiduciaries (Middle East) Ltd

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LUXEMBOURG

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Trident Corporate Services (Luxembourg) Sàrl UNITED KINGDOM

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Fax +356 21 434 595 malta@tridenttrust.com

CAYMAN ISLANDS

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Fax +64-9-366-1482 nz@tridenttrust.com

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Atlanta **Trident Corporate Services, Inc** Tel +1-404-233-5275 Fax +1-404-233-9629 usa@tridenttrust.com

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