

## **APPLICATION FORM TO INCORPORATE A CYPRUS COMPANY**

I/We	_ of
hereby instruct Stavrou, Keravnos, Sofroniou LLC Firm to for	orm a Cyprus Company on my/our behalf as follows:
(1) Name of Company (Must end in "Ltd" or "Limited")—	
(2) In case the proposed company name is already reserved, ple	ease provide three (3) alternative names below:
(3) Memorandum and Articles of Association	
If you require any specific provisions within the Memorandum adetails below, or on a separate sheet of paper.	nd/or the Articles of Association, please provide
(4) Nature of Business for which company is intended (Pleas	se be specific)
(5) Countries in which the business will be carried out:	
(6) Share Capital: (If not Standard – One Thousand shares value	ued at 1 EUR each)
Authorized share capital: No. of Shares:	Currency and per value: ,
Issued and fully paid share capital: No. Of shares:	Currency and per value:

e
ncorporation)
re
orate Nominee Director
information on each Director)
Director Name
Address:
Tel.:
Fax:
Email Address:
Passport:
Director Name
Address:
Tel.:
Fax:
Email Address:
Passport:

Name (2)	Number of shares:
Address:	Passport & proof of address to be attached
Name (3)	Number of shares:
Address:	Passport & proof of address to be attached
Incumbency stating the names and addresses of its off <b>OR</b>	vill require a Certificate of Good Standing for the company, and a Certificate of ficers/directors and those authorized to sign on behalf of the company.
	supply Corporate Nominee Shareholders. (Please complete our Know Your
Client Form- KYC)	
(11) Company Seal to be provided by:	
Stavrou, Keravnos, Sofroniou LLC Firm to	o supply Corporate Seal
Yourselves (Imprint must be sent to Register	red Agent)
(12) Do you require a bank account?	
Yes (If yes, we will send you a list of the ba application form)	nks we recommend & list of the further info required for the completion of bank
No	
(13) Do you require notarization and/or apostille?	
Yes (If yes, please specify which	
docs) No	
(14) Do you require Accounting and Auditing?	
Yes, if you wish our associate accountant to a	represent you
No	
(15) Mailing address (all documents will be sent to the	is address unless advised otherwise):
Name / Company	
Address:	
Telephone Number:	

(16) Instructions s	ubmitted by:
Name:	
Address:	
Tel.:	
Fax:	
Email:	
Other	
Comments:	
I/We will take in legal responsibile I/We confirm and Keravnos, Sofron	f Stavrou, Keravnos, Sofroniou LLC Firm or of any of their name partners personally.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.  Independent legal advice before proceeding and I am/We are aware, and intend, to honor my/our ities in my/our jurisdiction.
	day of20