

INSTRUCTION SHEET FOR TRANSFERRED IN COMPANIES

The information in this application form is required for the existing Company. This form shall be completed by an authorized representative/signatory of the company (e.g., Professional Service Correspondent, a director, an officer, or a Beneficial Owner.)

DATE:	
COMPANY NAME:	
COMPANY JURISDICTION:	

CURRENT ACTIVITIES OF THE COMPANY

Please give specific purposes of the Company and give estimated business activity level (such as frequent, high, low or number of estimated activity transactions).

***Please note** do not only state “Trading company”, “Holding company”, or “Investment company”, but provide full details of explanation such as (1) company name/items associated with holding, (2) name of items or goods or type, (3) kind of investment activity and (4) jurisdictions. If not provided, the answer will be unacceptable, and this may delay the application.*

Please state the full name of the countries where the Company is currently conducting business:

CLIENT'S SOURCE OF FUNDS

Please provide details such as name or type of activity that generate the funds, if associated a corporation/company provide full name and address and contact details. For a response of savings or inheritance, entrepreneur or businessman, provide full details of occupation, full name, full address, full identification and contact details of the body or person that is the provider of the funds.

AAA GLOBAL INCORPORATION AND TRUST INC.

- A Hamilton Reserve Bank Affiliate -

Hamilton Reserve Bank Plaza, Building #1, Suite 102, PO Box 590, Nevis, Saint Kitts and Nevis

Telephone: +1 (869) 469-5500 | www.trustaaa.com

WORLDWIDE INCORPORATION AND TRUST SERVICES SINCE 1994

INFORMATION REGARDING THE ORGANISATION OF THE COMPANY

SHAREHOLDER(S)/MEMBER(S):

Name of Shareholder/Member	
Number of Shares issued	

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Number of Shares issued	

BENEFICIAL OWNER(S):

Name of Beneficial Owner	
Percentage of Ownership	

Name of Beneficial Owner	
Percentage of Ownership	

DIRECTOR(S) /MANAGER(S) AND OFFICER(S)

Name of Director/Manager	
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Name of Director/Manager	
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Name of Officer e.g Secretary	
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Required Documents:

- Resolution for Change of Registered Agent
- Corporate Documents
- KYC Forms and supporting Due Diligence Documents

Please note that if the Shareholder/Member, Director/Manager or Beneficial Owner information has changed since incorporation, copies of the supporting documents such as resolutions and share transfer forms must be submitted.

Accounting Records and Company Activities Acknowledgement

Please provide the **physical address** where the accounting records and supporting documents sufficient to give a true and fair view of the affairs of the Company:

Address:	
City:	
State:	
ZIP Code:	
Country:	
Contact phone number:	
E-mail address:	

Please provide the name and contact details of the person who keeps the accounting records and supporting documents:

Name & Surname:	
Address:	
City:	
State:	
ZIP Code:	
Country:	
Contact phone number:	
E-mail address:	

Please note the accounting documents and records shall henceforth be retained for 5 years. Should any of the above provided information change from that stated above, the Company have to inform its registered agent in writing within 5 days of the change.

CORPORATE DOCUMENTS AND COMPANY SEAL

Please indicate where the corporate documents are kept. We will also require a copy of the company seal for our files (if any).

Address:	
Seal imprint:	

NAME AND ADDRESS OF PROFESSIONAL TAX ADVISOR (IF ANY)

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REASON FOR THE CHANGE IN REGISTERED AGENT/REGISTERED OFFICE

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DECLARATION BY PROFESSIONAL INTERMEDIARY

I/we hereby declare and certify that all the information given herein, including the documents attached to or enclosed with this form, is true, complete and correct. In consideration of agent agreeing to provide its corporate services I/we (both in my capacity as an individual and on behalf of the entity I am representing, if applicable) do hereby indemnify the agent, its subsidiaries, associated companies, directors, officers, trustees, employees and agents against any and all liability that may arise to them as a result of the information provided herein being false, misleading, incomplete or substantially untrue. Should any of the above provided information change from that stated above, the registered agent will be informed in writing within 5 days of the change.

I/we confirm that none of the services of the Company will be engaged in drug trafficking, money laundering, terrorist financing or any other illicit activities that are prohibited under the laws of the Company jurisdiction.

Authorised Signature: _____

Name: _____

Tel: _____

Fax: _____

E-mail: _____