

B6 COMPANY REGISTRATION FORM

Attach the following supporting documents:

Copy of your company's **CERTIFICATE OF INCORPORATION**

Proof of business operations location: **COMPANY LETTER HEAD WITH PHYSICAL ADDRESS OR UTILITY BILL**

Proof of active bank account details: **LETTER FROM BANK CONFIRMING ACTIVE COMPANY ACCOUNT**

COMPANY DETAILS									
NAME OF COMPANY									
POSTAL ADDRESS									
PHYSICAL ADDRESS									
REGISTRATION NO.									
COUNTRY OF INCORPORATION									
TELEPHONE					FAX NUMBER				
E-MAIL ADDRESS									
WEBSITE									
NO. OF EMPLOYEES					HOW DO YOU WISH TO RECEIVE YOUR MAIL?	POST		EMAIL	
NAME OF STAFF REPRESENTATIVE									
DESIGNATION									
BRIEF DESCRIPTION OF BUSINESS									

DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is/are the ultimate principal beneficial owner(s) of the Company through ownership in the intermediate or ultimate holding companies:

FULL NAME	RESIDENTIAL ADDRESS	DATE OF BIRTH	NATIONALITY	PERCENTAGE OF OWNERSHIP (%)

COMPANY REQUIREMENTS

- Certificate of incorporation
- Memorandum and Articles of Association
- Notice of Registered Office and Postal Address
- Identification documents of the person(s) managing the company
- Resolution specifying who is authorised to act on behalf of the company
- Identification document(s) of the person(s) authorised to act on behalf of the company

BANKING DETAILS

I hereby declare that the details furnished above are true and correct for the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

Account Name: _____ Account Name: _____

Bank: _____ Branch: _____ Branch Code: _____

DECLARATION

I hereby declare that the details furnished above are true and correct for the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

Full Name: _____

Designation / Position: _____

Date: _____ Place: _____ Signature: _____