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**APPLICATION FOR THE FORMATION/AQUISITION  
OF AN INTERNATIONAL BUSINESS COMPANY IN CYPRUS**

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**1. NAME OF COMPANY**

Please enter 1 - 3 names in order of preference (kindly avoid common names and words such as "International", "Royal", "National", etc.).

- (i) .....
- (ii) .....
- (iii) .....

Is it a shelf company? Yes  / No

Note: to save time for completion of company registration, a name which is already approved can be used, by selecting from a list which can be supplied by us.

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**2. BRIEF DESCRIPTION OF MAIN ACTIVITIES**

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**3. SHARE CAPITAL**

Currency of capital: .....

Authorized share capital: .....

Issued share capital: .....

Total number of shares: .....

Class of shares: .....

Nominal value per share: .....

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Note: we recommend as a minimum share capital EUR/USD 1,000 (one thousand). The authorized and issued share capital of a shelf company is EUR 1,000 (one thousand euros) divided into 1,000 (one thousand) ordinary shares of nominal value EUR 1.00 (one euro) each.

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#### 4. SHAREHOLDERS/BENEFICIAL OWNERS

##### 4.1. If physical person:

Name: .....

Middle name: .....

Surname: .....

Nationality: .....

Date of Birth: .....

Place of Birth: .....

Passport No.: .....

Country of issue: .....

Date of issue: .....

Date of expire: .....

ID card No.: .....

Occupation: .....

Residential address:

Street: .....

Number: .....

Building: .....

Floor: .....

Office/flat: .....

City/place: .....

District: .....

Postal code: .....

Country: .....

Tel. No.: .....

E - mail: .....

Number of shares: .....

Is it shareholder  or beneficial owner?

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Note: the same information to be supplied in respect of every physical person who is proposed to be a shareholder/beneficial owner by using a copy of this page if there is more than one shareholder/beneficial owner.

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**4.2. If legal entity:**

Name: .....

Country of jurisdiction: .....

Date of Registration: .....

Registration No.: .....

Main Activities: .....  
.....  
.....

Shareholders\*: .....  
.....  
.....  
.....  
.....

Legal Address:

Street: .....

Number: .....

Building: .....

Floor: .....

Office/flat: .....

City/place: .....

District: .....

Postal code: .....

Country: .....

Number of shares: .....

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\* Kindly list all shareholders with number of shares owned by each and provide the information on ultimate beneficial owners by filling in section 5 of this application. If any of the shareholders is a legal entity the copy of corporate documents shall be provided to us. If any of the shareholders is a physical person the copy of passport shall be provided to us.

Note: the same information to be supplied in respect of every legal entity who is proposed to be a shareholder by using a copy of this page if there is more than one shareholder.

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**5. ULTIMATE BENEFICIAL OWNERS**

(Applicable if different from subsection 4.1)

Name: .....

Middle name: .....

Surname: .....

Nationality: .....

Date of Birth: .....

Place of Birth: .....

Passport No.: .....

Country of issue: .....

Date of issue: .....

Date of expire: .....

ID card No.: .....

Occupation: .....

Residential address:

Street: .....

Number: .....

Building: .....

Floor: .....

Office/flat: .....

City/place: .....

District: .....

Postal code: .....

Country: .....

Tel. No.: .....

E - mail: .....

Number of shares: .....

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Note: the same information to be supplied in respect of every physical person who is proposed to be an ultimate beneficial owner by using a copy of this page if there is more than one ultimate beneficial owner.

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## 6. NOMINEE SHAREHOLDERS

Do you require nominee shareholders? Yes  / No

If yes, how many: .....

Do you require physical nominee shareholder  or corporate nominee shareholder?

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It is emphasised that, where confidentiality is of importance and therefore nominee shareholders are used, the information regarding the beneficial owners is only disclosed to the local banks if the company opens an account who treat it as strictly confidential. Otherwise we are obliged to disclose the information regarding the beneficial owners only based on the order of a Court of the Republic of Cyprus issued in suspect that criminal conduct has been committed.

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## 7. REGISTERED OFFICE ADDRESS AND COMPANY SECRETARY

We suggest the use of our office address and our secretarial company for this purpose.

Yes  / No

Specify if different: .....

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## 8. DIRECTORS

Any person may be appointed as a director of the company. The names of the directors are filed with the Department of Registrar of Companies and Official Receiver and are therefore made public. Where confidentiality is of importance, it is advisable to appoint local persons to act as nominee directors, always upon receiving authorization from the beneficial owners. Local directors are also recommended for purposes of administrative convenience. Furthermore, for taxation purposes local directors are necessary if it is desired to show that "management and control" of the company is exercised from Cyprus. Other directors may be appointed in addition to local ones.

### 8.1. Nominee directors

Do you require nominee directors? Yes  / No

If yes, how many: .....

Do you require physical nominee director  or corporate nominee director?

**8.2. Other directors:**

Name: .....

Middle name: .....

Surname: .....

Nationality: .....

Date of Birth: .....

Passport No.: .....

Country of issue: .....

Date of issue: .....

Date of expire: .....

ID card No.: .....

Occupation: .....

Residential address:

Street: .....

Number: .....

Building: .....

Floor: .....

Office/flat: .....

City/place .....

District: .....

Postal code: .....

Country: .....

Tel. No.: .....

E - mail: .....

I HEREBY CONSENT TO ACT AS DIRECTOR: .....  
(SIGNATURE)

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Note: the same information to be supplied in respect of every physical person who is proposed to be a director by using a copy of this page if there is more than one director.

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**9. BANK ACCOUNTS**

Do you require a bank account\*? Yes  / No

Name of Bank: .....

Currency: .....

Do you require a nominee signatory? Yes  / No

Do you require a debit/credit card? Yes  / No

If yes, please specify: .....

\* We do not guarantee the success of bank account opening.

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**10. AUTHORIZED PERSONS**

Alliott Partellas Kiliaris Ltd is hereby authorised to accept instructions only from the person(s) indicated below. We shall be notified in writing by all the owners of the company or their representative of any changes.

Name: .....

Middle name: .....

Surname: .....

Residential/ legal address:

Street: .....

Number: .....

Building: .....

Floor: .....

Office/flat: .....

City/place: .....

District: .....

Postal code: .....

Country: .....

Tel. No.: .....

Fax No.: .....

E - mail: .....

The instructions are to be given solely  or jointly?

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Note: the same information to be supplied in respect of every person who is proposed to be an authorized person by using a copy of this page if there is more than one authorized person.

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## 11. DELIVERY OF COMPANY DOCUMENTS

To be delivered by courier at the following postal address:

Street: .....

Number:.....

Building:.....

Floor:.....

Office/flat: .....

City/place.....

District:.....

Postal code:.....

Country:.....

Contact person:.....

Tel. No.:.....

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## 12. ACTION AND VERIFICATION OF IDENTITY

I/we hereby request to proceed with the formation/acquisition of the said company and declare that the particulars provided herein are true to the best of my/our knowledge and belief.

Completed by: .....

Signature: .....

Date and place: .....

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Please e-mail or fax to +357 22 765611 this application duly completed, signed by all owners or their authorized representative or agent and accompanied by following:

For each physical beneficial owner/shareholder/director:

- Copy of valid passport or ID card;
- Copy of recent Utility Bill with residential address details as provided herein.

For each corporate shareholder/director:

- Copy of corporate documents.

For bank account opening purposes:

- Bank reference letter in English for person who will be appointed as a signatory.
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