INTERNATIONAL BUSINESS COMPANY ORDER FORM



Contents Page

The Structure of the Form

Section:	Section Title:
1.1 1.2	About the Company Memorandum and Articles of Association
2.1 2.2	Issued and Authorised Capital Share Issue
3.1 3.2	Type of Business Persons Involved in the Company
4.1	Bank Accounts
5.1	Documentation and Legalized Copies
6.1 6.2	Virtual Office Services Additional Services
7.1	Billing
8.1	Declaration

Please contact your consultant if you require any assistance while completing this form

Please type the required information or use block capitals and e-mail to info@oca-offshore.com Please refer to our terms of business which can be found on our website: www.oca-offshore.com/ terms.cfm

1) The Company

1.1) About the Company

Does the company already have a registered company name: Yes

If Yes, please provide the name of the company to be registered in Seychelles:

Company Name:

If No, please specify the intended name of your company as well as including a 2nd and 3rd choice if the first choice happens to be unavailable for whatever reason.

No

1st choice: 2nd choice: 3rd choice: Do you require a suffix for the company name? (Example: Ltd, Limited, Corp, Inc. etc.) please specify the suffix: Please select one of the following: The Company to be registered is a: New Incorporation Relocation of Administration

1.2) Memorandum and Articles of Association

If your company requires any special provisions regarding your Memorandum and Articles of Association, please specify them in the space below. If your Memorandum and Articles of Association are of a standard format and content then please leave the space below blank. If you are uncertain about this point, please contact us and we will gladly assist you.

2) Capital

2.1) Issued and Authorized Capital

What currency was used for the authorized and issued capital? Please specify the amount of authorized capital: Please specify the amount of issued capital:

2.2) Share Issue

(Companies will be formed with a single class of shares (ordinary) unless otherwise requested) Please specify the number of shares to be issued: Please specify the par value of a share: Please specify in the space below if you have any requests regarding the issue of shares:

3) Business Practice

3.1) Type of business

Please specify what area of business the company will be involved in: (Example: Consultancy, Trading, Investments, Construction etc.)

Please provide a brief description of the business activity below:

3.2) Persons involved with the company

Name (Living Person or Legal Entity)	Owner/ Member	Ultimate Beneficial Owner	Director/ Manager	Secretary	Power of Attorney	No. of Shares Held
1.						
2.						
3.						
4.						
5.						
6.						

If there are more than 6 names to be recorded in this table, please copy this table to the end of this document and record the extra names there.

What is the number of shares required by a shareholder to hold?			
Does the company require the appointment of professional directors or managers?	Yes	No	
Does the company require the appointment of a company secretary?	Yes	No	
Does the company require the appointment of nominee shareholders	Yes	No	
Does the company require the appointment of nominee members?	Yes	No	
Does the company require a holding/parent company, a trust or a foundation to own it?	Yes	No	
If you answered 'Yes' to any of the above questions, would you like OCA Financial Services to arrange this for you?	Yes	No	

4) Banking

4.1) **Bank Accounts** Does the company have a bank account set up in its name? Yes No If you answered 'Yes' to the question above, please fill in the following details: Bank Name: Branch: If you answered 'Yes' to the first question you can skip the remainder of this section Would you like OCA Financial Services to assist you in setting up a bank Yes No account for the company? If you answered 'No' to the question above, would you like OCA Financial Services Yes No to recommend the service of a suitable bank?

If you answered 'No' to the above question, please provide the details of the bank you would like to make use of:

Bank Name: Branch:

5) Documentation

5.1) Documentation and Legalized Copies

Please indicate if you require any of the following documentation and corresponding legalization in addition to what will be provided to you through our standard service:

Document	Certified by Reg. Agent	Notarized	Apostilled	Legalized at an Embassy	Number of Copies
Certificate of Incorporation					
Memorandum and Articles of Association					
Certificate of Incumbency					
Appointment of Directors					
Certificate of Good Standing					

If you answered 'Yes' to Legalize at an Embassy, please specify which Embassy:

Would you like OCA Financial Services to safeguard your documents?

Yes No

If 'No', please specify the address where you would like us to send your documentation:

Address:

Region:

Country:

Do you have any other requirements concerning your documentation? Please specify in the space below:

6) Virtual Office Services

6.1) Virtual Office Services

Does the company require any of the following Virtual Office Services?

Description of Service	Does the Company Require this service?		
Business and/or Mailing Address and Mail Forwarding Service	Yes No		
Shared Telephone Number & Answering Service with Message Forwarding	Yes No		
Dedicated Telephone Number & Answering Service with Message Forwarding	Yes No		
Shared Fax Number with Incoming Faxes forwarded by e-mail PDF attachment	Yes No		

If you require Virtual Office Services in a location other than in Seychelles please contact us for assistance

6.2) Additional Services

Please select any of the following additional services:

Internet Merchant Account Treasury Account Brokerage Account Accounting Services Company credit/debit card Company Brokerage Account Insurance Opening of Personal Bank Accounts Payroll/Commission Agent Solutions Self-Inking Company Stamp Yacht/Ship Registration Loadable Corporate Mastercard Metal Common Seal Arranging Audit Services

7)	Billing				
	Please indicate where you requ	ire billing for ou	r services to be	sent:	
	Contact Name:				
	Address:				
	E-mail:				
	Telephone:				
	Fax:				
	Method of contact:	Email	Fax	Postal Delivery	Courier

8) Declaration

By the evidence of my/our signatures below, I/we confirm that we have requested the services selected in this application form OCA Financial Services and I/we agree to be bound by the *Terms of Business* set out by OCA Financial Services or any new *Terms of Business* which may be added to the existing *Terms of Business*.

I/we accept that I/we may be requested by OCA Financial Services to provide further information and supporting 'Customer Due Diligence` information and/or documents in support of this order in agreement with OCA Financial's *Terms of Business*.

I/we confirm that the information declared in the above document is true and complete

Signed by:	Signed by:
Date:	Date:
Signature	Signature
Signed by: .	Signed by:
Date:	Date:
Signature	Signature

Use this space for notes that you would like us to be made aware of or to copy the '*Persons Involved with the Company*` table to add additional names.