



Koru Corporate Services, Inc.

Affiliated with Gray & Co. · lawyers

APPLICATION TO FORM A CORPORATION IN ANGUILLA

CLIENT INFORMATION:

Name:

Address:

Tel.

Fax.

Email:

CORPORATION INFORMATION: JURISDICTION: Anguilla

Name: (please provide alternatives, in case your first choice is not available)

1st:

2nd:

3rd:

S.A. Corp. Inc. Ltd.

CAPITAL:

Standard Capital – \$50,000 divided into 50,000 shares of US\$1.00 each

_____ divided into _____ shares of \$ _____ each; or

_____ Shares with no par value.

SHELF CORPORATION:

I do not wish to form a tailor-made corporation, please provide me with a list of the Shelf corporations you have available at this time.

OBJECTIVE OF THE COMPANY: (Give a detailed description of the purpose of the company)

DIRECTOR(S) OF THE COMPANY:

I would like Koru Corporate Services, Inc. to provide **nominee directors** for the Company (please send me a **Nominee Director Agreement**).

OR – I will provide the names & details of the directors of the company.

Email: koru@koru-corporate-services-company.com
URL: <http://www.koru-corporate-services-company.com>
Fax this form back to: +1 (305) 675-2354



PLEASE NOTE: Anguilla Companies require only 1 director (minimum). There is no maximum limit.

The directors to be appointed are:

	<i>Name</i>	<i>Passport #</i>	<i>Address</i>
#1			
#2			
#3			
#4			
#5			

OFFICERS:

PLEASE NOTE: Anguilla companies – require Secretary. You can also appoint a President, Treasurer, VP, etc.

If I am providing nominee directors, then we can also appoint Nominee President, Secretary & Treasurer.

The officers to be appointed are:

<i>President</i>	<i>Secretary (recommended)</i>	<i>Treasurer</i>
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Other (Please Specify) _____

PREPARATION OF SHARE CERTIFICATE(S):

Please prepare the following share certificate(s) for the Company:

<i>Cert. No.</i>	<i>Name</i>	<i>Passport #</i>	<i>No. of Shares to be issued</i>	<i>Address</i>
001				
002				
003				
004				
005				



YOU ARE AUTHORISED TO ACCEPT INSTRUCTIONS FROM:

<i>Name(s)</i>	<i>Signature</i>	<i>Postal Address</i>

POWER OF ATTORNEY (SHOULD ONLY BE FILLED IN WHERE WE ARE PROVIDING NOMINEE DIRECTORS):
Please provide me with a General (to do everything) or Special (for limited purposes only) Power of Attorney.

It should be issued to the following person(s) Individually Jointly

DETAILS OF AGENT:

Name:

Passport #:

Address:

FOR DUE DILIGENCE PURPOSES, PLEASE PROVIDE:

- ◆ Copy of your passport (photograph and signature page) and a Driver’s licence or other government issued identification for each director and beneficial owner (shareholder/client);
- ◆ A copy or original “proof of address” document, such as a (utility bill(s) and/or bank statement) for the beneficial owner (“client”);
- ◆ A letter of reference (from your bank, attorney, accountant) which provides the following information: confirmation of your full name, that they have known you for at least 2 years, that you have undertaken all business transactions in a responsible and legal manner, and where you live.

Signed this _____ day of _____, 20__.

Please scan and email this to: koru@koru-corporate-services-company.com

Please send the original reference letter to:

Attn: Beth Anne Gray J.

P.O. Box 0816-04126

Panama City 0816

Panama