## OFFICIAL INSTRUCTION AND COMPANY APPLICATION FORM PLEASE INCORPORATE/SUPPLY THE FOLLOWING COMPANY –

			Compa	ny Information			
Choice of Comp	any's Jurisdic	tion Requir	ed (e.g. Labuan	)			
Reason(s) for Ju	urisdiction of C	Choice To inc	dicate ( ) accordir	ngly –			
Global reco Cost compe Common la Other (pleas	vtitive w	Reput	proximity with table IFC/jurisdionic and politica			Facilities for asset proceedings of corporate re	viders
Notes: (1) for Labo	uan Company, the	company name		in order of preferen ed, Corporation, Incor d.		f., Corp., Inc., etc.	
(1) (2)				(3) (4)			
Intended Purpos Note: Brief statement countries to be tradeo  Business Objects	like investment hol d with or invested in	ding or trading in and scope of the scope of	is not sufficient. Clie operations including	information on core p	roducts and	business activities to be c	
Address of Place of Business							
Capital Structur Note: Labuan's minim	e (and its Curr	ency) e capital is 1 sha	are.				
Issued/Paid-up Capital			Currency				
Estimated turn	over (in USD)	Year 1		Year 2		Year 3	
Geographical ju	risdiction of o	peration inc	luding % conc	<u>entration</u>			
	Information	of Benefici	al Owners/Sha	areholders/Direc	tors/Auth	norised Signatories	
To indicate ( ) acc	• • -	nareholder	☐ Director	☐ Bank Accour	nt's Authori	ised Signatory	
	orporation Name						
Passport/ID N Date of Birth/	No./Company N Date of Incorpo egistered Office	o. ration					(dd/mm/yyyy)
Permanent A	ddress (if differen	t from above)					
Country of Re Tel No Occupation/B	esidence susiness Object	s	Fax No.			Email % in Equity	

			of the Authorised Representative below – y Passport/ID No.	
To	indicate ( ) accordingly – Beneficial Owner	☐ Director ☐	Bank Account's Authorised Signatory	
2	Full Name/Corporation Name			
	Nationality/Country of Registration			
	Passport/ID No./Company No.			(dd/mm/\nnn)
	Date of Birth/Date of Incorporation Residential/Registered Office Address			(dd/mm/yyyy)
	Permanent Address (if different from above)			
	Country of Residence	- N	- "	
	Tel No.	Fax No.	Email	
	Occupation/Business Objects	-1	% in Equity	
	•	-	of the Authorised Representative below –	
	Name	Nationality	Passport/ID No.	
To	indicate ( ) accordingly –  Beneficial Owner	☐ Director ☐	Bank Account's Authorised Signatory	
3	Full Name/Corporation Name			
Ū	Nationality/Country of Registration			
	Passport/ID No./Company No.			
	Date of Birth/Date of Incorporation			(dd/mm/yyyy)
	Residential/Registered Office Address			
	-			
	Permanent Address (if different from above)			
	Country of Residence			
	Tel No.	Fax No.	Email	
	Occupation/Business Objects		% in Equity	
		•	of the Authorised Representative below –	
	Name	Nationality	y Passport/ID No.	
To	indicate ( ) accordingly –  Beneficial Owner	☐ Director ☐	Bank Account's Authorised Signatory	
4	Full Name/Corporation Name			
7	Nationality/Country of Registration			
	Passport/ID No./Company No.			
	Date of Birth/Date of Incorporation			(dd/mm/yyyy)
	Residential/Registered Office Address			, , , , , , , , , , , , , , , , , , , ,
	Permanent Address (if different from above)			
	Country of Residence			
	Tel No.	Fax No.	Email	
	Occupation/Business Objects		% in Equity	
			of the Authorised Representative below –	
	Name	Nationality	y Passport/ID No.	

<u></u>		
To indicate ( ) accordingly –  Beneficial Owner	☐ Director ☐ Bank A	Account's Authorised Signatory
5 Full Name/Corporation Name		
Nationality/Country of Registration		
Passport/ID No./Company No.		
Date of Birth/Date of Incorporation		(dd/mm/yyyy
Residential/Registered Office Address		
Permanent Address (if different from above)		
Country of Residence		
Tel No.	Fax No.	Email
Occupation/Business Objects	<del>_</del>	% in Equity
If Shareholder/Director is a Corporation, p		uthorised Representative below –
Name	Nationality	Passport/ID No.
Note: Please ask for a separate form if not enough space	e for additional Beneficial Owners/	Shareholders/Directors/Bank Account's Authorised Signatories.
	Other Services	
Resident Company Secretary Regis	tered Office Address	
Note:		
Additional Company Secretary   Yes	No – If yes, please provide o	details below –
Full Name/Corporation Name		
Nationality/Country of Registration		
Passport/ID No./Company No.		
Date of Birth/Date of Incorporation		(dd/mm/yyyy
Residential/Registered Office Address		
Tal Na	Fay Na	Email
Tel No. Occupation/Business Objects	Fax No.	Email
	noration please state details	s of the Authorised Representative below –
Name		Passport/ID No.
Name	- I valionality	1 assport to.
Cianad and dated this	(dd/mm/yyyy)	
Signed and dated this:	(dd/mm/yyyy)	
Signed and dated this:	(dd/mm/yyyy)	1
Signed and dated this:	(dd/mm/yyyy)	
Signed and dated this:	(dd/mm/yyyy)	
	(dd/mm/yyyy)	
Name:	(dd/mm/yyyy)	
	(dd/mm/yyyy)	