



KM COMPANY SERVICES LIMITED

ASSET and WEALTH PROTECTION you can TRUST

APPLICATION FORM

Company name	First choice	
	Second choice	
	Third choice	
Jurisdiction		
Source of Funds (ie money to be introduced into the structure) <i>NOTE: 'savings' is not sufficient information. Please provide a full explanation of the activity which generated the moneys / assets being used to establish this new structure, including the geographical location in which the funds were generated</i>		
Source of Wealth (ie money accumulated to date) <i>NOTE: Please provide a full explanation of the activities which have generated your total net worth i.e. those activities which have generated your funds and property, including the geographical location in which the funds and property were generated</i>		
Business Activities <i>NOTE: If the structure is to be established by a corporate entity, please provide the type of business undertaken by the corporate entity establishing the structure.</i>		
Please note any family involvement in the business		
Purpose for which the structure is being / has been established.		

Location of Accounting Records	
<i>Full address required</i>	

PROFESSIONAL DIRECTORS REQUIRED? YES / NO

**DIRECTORS DETAILS (If professional directors are not required)
If more than two directors please complete Additional Director Form**

Director A	
Full name	
Residential Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	

Director B	
Full name	
Residential Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	

Notarised copies of passport and confirmation of address are required for all directors

Company Secretary	Same as Director A/Director B (delete as appropriate)
	If different from either Director A or Director B
Full name	
Residential Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	

PROFESSIONAL SHAREHOLDERS REQUIRED? YES / NO

**SHAREHOLDERS DETAILS (If professional shareholders are not required)
If more than two shareholders please complete Additional Shareholders Form**

Shareholder A	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
Number of shares required	
Shareholder B	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
Number of shares required	

CONTACT ADDRESS FOR ANNUAL FEES AND OTHER CORRESPONDENCE

Name and address	
Email	
Fax	
Telephone home	
Telephone office	
Telephone mobile	

FOR ALL DIRECTORS, COMPANY SECRETARY, SHAREHOLDERS OR BENEFICIAL OWNERS AND CONTACT PERSON THE FOLLOWING DOCUMENTATION MUST BE PROVIDED:

Identity Confirmation

One of the following:

- Copy of passport (notarised or certified by Notary Public, accountant, lawyer or banker)
- Copy of identity card (notarised or certified by Notary Public, accountant, lawyer or banker)

Address Confirmation

One of the following (which must be less than three months old):

- Original copy of utility bill (telephone, gas, electricity) confirming home address
- Letter from banker / lawyer / accountant / regulated person or Company.
- Bank statement
- Credit card bill (Mobile Phone bills are not acceptable.)
- CV / Resume

DECLARATION

I/We, the undersigned, declare the above information is correct and that by my/our signature below, confirm that I/we am/are the ultimate beneficial owner/s of the company I/we have ordered from **K M COMPANY SERVICES LIMITED** in accordance with the information above and that I/we have read and accept **K M COMPANY SERVICES LIMITED** Terms of Business.

Signed Date

Position: UBO (Ultimate Beneficial Owner)

Print Name

Signed Date

Position: UBO (Ultimate Beneficial Owner)

Print Name

ADDITIONAL DIRECTORS DETAILS	
Director C	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
Director D	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
	<i>Certified true copies of passport and confirmation of home address are required for all directors</i>

ADDITIONAL SHAREHOLDERS DETAILS FORM

ADDITIONAL SHAREHOLDERS DETAILS	
Shareholder C	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
Number of shares required	
Shareholder D	
Full name	
Address	
Telephone	
Fax	
Email	
Nationality	
Passport No/ID No.	
Date of birth	
Occupation	
Number of shares required	
	<i>Certified true copies of passport and confirmation of home address are required for all shareholders</i>

OTHER REQUIRED SERVICES.

DESCRIPTION OF SERVICES	Please tick below the service required.
Accountancy Services	
Vat Registration	
Virtual Office Services (Telephone, Fax , Mail)	
Trade Mark and brand registration.	
Trust / Foundation services.	
Yacht – Aircraft procurement / Registration	
Personal Bank accounts and card services.	

ADDITIONAL NOTES FOR INFORMATION:

BENEFICIAL OWNER C.V.

Full name:	
Date of birth:	
Nationality:	
Address:	
Business telephone:	
Business mobile:	
Business fax:	
E-mail:	
Current occupation:	
Name and address of current employer (if applicable):	
Work experience (please provide details)	
Education (please provide details)	
Qualifications (please provide details)	
Source of wealth (i.e. family, inheritance, professional activity or other)	
Total estimated net worth (definition of how this is comprised: properties, cash, equity)	
Is the beneficial owner a foreign public figure/politically exposed person?	Yes/No