To: Evangelou Loizou & Associates Ltd

You are hereby authorised to arrange for the incorporation of a Cypriot Company using the following information.

1. **Name of the company**

Propose three (3) names in order of preference. Each name must end with the word “Limited”

1. **Detail description of the activities of the company**

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1. **Capital**

|  |  |  |
| --- | --- | --- |
| **Share Capital** | **Number of shares** | **Currency and par value** |
| **Authorised**  |  |  |
| **Issued**  |  |  |
| **Fully paid** |  |  |

Authorised capital may be stated in any currency. Recommended minimum issued and paid capital €1.000.00

1. **Shareholder(s)**

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| --- | --- |
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Do you require the appointment of Nominee shareholder(s)?

 Yes [ ]  No [ ]

1. **Director(s)**

Do you require the appointment of Local Director(s)? If No, please complete the information below.

 Yes [ ]  No [ ]

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| 1.  |
| 2.  |
| 3.  |
| 4.  |

Each director must sign and return ‘Letter of consent’ attached.

1. **Registered office and secretary**

Please confirm that our associate company is to provide the registered office and corporate secretary of the company.

 Yes [ ]  No [ ]

1. **Please indicate if you will require any of the services below**

 Banking Assistance [ ]  Accounting [ ]  Audit [ ]

1. **Documents needed for the shareholders and directors of the company**

**(i) Individuals**

* 1. Certified copy of passport.
	2. Original recent utility bill.
	3. Bank references.
	4. Latest Tax Clearance.
	5. Copy of CV / LinkedIn profile
	6. Complete the Questionnaire for Natural Persons

**(ii) Corporate**

* 1. Certified full set of incorporation documents.
	2. Bank references. (sample attached)
	3. Decision of the directors to setup the Cypriot Company.
	4. Company profile or website address.
	5. Group structure traced to the ultimate individual beneficial shareholder.
	6. Documents 8 (i) above for the ultimate beneficial shareholder of the company.
1. **Any other information you might consider important and relevant to be mentioned**

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Contact Person Name:

Position:

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| Signature: |