

# Fides Partners

Trust · Reliable · Competitive

## Company Order Form



Thank you for incorporating your new company with us. Please complete the following sections in BLOCK LETTERS.

**Section 1**      Details of the Proposed Company

**Section 2**      Ownership Structure

**Section 3**      Services Required

**Section 4**      Payment of fees

**Section 5**      Delivery of Corporate Documents

**Section 6**      Declaration

Please send us a signed copy via fax or email together with the required due diligence (see guidance below) by mail or courier.

Should you require assistance completing this form please contact us

Fides Partners Limited is subject to Anti-Money-Laundering laws in force in United Kingdom. Under these regulations we are committed to undertaking a full and thorough due diligence on the identities and personal data for all individuals to whom we provide any services. All information relating to all beneficial owners, directors, shareholders, bank account signatories and all parties connected in any way to any company are treated with strict confidentiality.

**Each actual owner or beneficial owner of a Company must provide the following documents to Fides Partners Limited:**

### **1. Proof of Identity**

**Type:** (Any of the following must be provided) Passport, national identity card or valid driving licence.

**Features:** The copy of the proof of identity must be certified across the photo by a lawyer, notary, certified accountant, embassy official or a bank manager. The name and status of the certifier and the name of his organization (if any) must be clearly indicated. The copy must be certified as a "true copy of the original seen and the photograph being of a reasonable likeness to the bearer of the document".

### **2. Proof of Address**

**Type.** Utility bill or bank statement. It can also be a national identity card or driving licence, if contains residential address and not already provided under (1)

**Features:** The document must indicate the full name of the individual together with his residential address and must be original and not older than 3 months.

### **3. Bank Reference Letter**

**Form:** A letter from your current bank indicating the length of time for which the individual is known to the referee and that the individual is in good standing. We can provide sample wording at request.

All of these documents must be sent to us before any company formation or management orders can be completed. A scanned copy of these documents can be sent to us via email at first **but** they must be followed by the originals via courier. We will **not** send out any corporate documentation to clients before we are in receipt of all due diligence documents.



**1.5 FUNDING OF THE PROPOSED COMPANY**

Please provide the amount of capital that will be injected to start the business:  
£ \_\_\_\_\_

What is the origin of the capital being injected? (please tick where appropriate)

Loan from financial provider:       Sale of property:       Savings:       sale of shares:   
Loan from family:       Other:

If other, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.6 EXPECTED NUMBER OF TRANSACTION TURNOVER AND PROFIT**

Estimated first year annual turnover: \_\_\_\_\_

Expected annual profits: \_\_\_\_\_

Expected amount of Remittances received each months: \_\_\_\_\_

What type of customers does the does the company deal with (individual, businesses or public bodies): \_\_\_\_\_

Expected amount of foreign payments to be made each month \_\_\_\_\_

Which countries are involved in these foreign payments? \_\_\_\_\_

### 2.1 DETAILS OF PROPOSED DIRECTORS

Would you like Fides Partners Limited to arrange for the appointment of **nominee director** to this company?

Yes  No

**Note: Please note that from October 2008, every Limited company should have at least one physical director, which means that if you wish to appoint a corporate you still have the chance to do it but a physical person should also be added.**

If Fides Partners Limited is not providing nominee directors we will require detailed information about the proposed directors . Please complete as appropriate the details for each person or corporate entity.

#### PROPOSED DIRECTOR- IF NATURAL PERSON (1)

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
 First and Other Names: \_\_\_\_\_ Former names \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Languages: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

#### PERMANENT RESIDENTIAL ADDRESS AND CONTACT

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 Home Fax: \_\_\_\_\_ Personal Mobile \_\_\_\_\_

#### PROPOSED DIRECTOR- IF NATURAL PERSON (2)

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
 First and Other Names: \_\_\_\_\_ Former names \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Languages: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

#### PERMANENT RESIDENTIAL ADDRESS AND CONTACT

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
Home Fax: \_\_\_\_\_ Personal Mobile \_\_\_\_\_

**PROPOSED DIRECTOR-IF CORPORATE ENTITY (1)**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Mobile: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

**PROPOSED DIRECTOR-IF CORPORATE ENTITY (2)**

Company Name: \_\_\_\_\_ Country of \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip \_\_\_\_\_ Country: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Mobile: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

**2.2 DETAILS OF PROPOSED SHAREHODERS**

Please fill as appropriate the details for each person or corporate entity.

**PROPOSED SHAREHOLDER- IF NATURAL PERSON (1)**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
First and Other Names: \_\_\_\_\_ Former names \_\_\_\_\_  
Occupation: \_\_\_\_\_ Languages: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Number or % of Shares to Issue: \_\_\_\_\_

**PERMANENT RESIDENTIAL ADDRESS AND CONTACT**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
Home Fax: \_\_\_\_\_ Personal Mobile \_\_\_\_\_

**PROPOSED SHAREHOLDER- IF NATURAL PERSON (2)**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
First and Other Names: \_\_\_\_\_ Former names \_\_\_\_\_  
Occupation: \_\_\_\_\_ Languages: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Number or % of Shares to Issue: \_\_\_\_\_

**PERMANENT RESIDENTIAL ADDRESS AND CONTACT**

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
Home Fax: \_\_\_\_\_ Personal Mobile \_\_\_\_\_

**PROPOSED SHAREHOLDER-IF CORPORATE ENTITY (1)**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Mobile: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

Number of Shares to Issue: \_\_\_\_\_ (standard: 1000 ordinary shares or 100 shares)

**PROPOSED SHAREHOLDER-IF CORPORATE ENTITY (2)**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Mobile: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

Number or % of Shares to Issue: \_\_\_\_\_

**2.3 PROPOSED COMPANY SECRETARY**

Would you like Fides Partners Limited to provide **Nominee secretary** for this company?  Yes  No

If Fides Partners Limited is not providing a nominee secretary, please provide the details of the proposed company secretary below:

**PROPOSED COMPANY SECRETARY-NATURAL PERSON**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Language: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_  
Home Fax: \_\_\_\_\_ Home Email: \_\_\_\_\_

**PROPOSED COMPANY SECRETARY-CORPORATE ENTITY**

Company Name: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Incorporation No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Office Mobile: \_\_\_\_\_ Office Email: \_\_\_\_\_

**2.4 MAIN CONTACT PERSON AND CORRESPONDANCE ADDRESS**

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_  
First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How do you prefer us to contact you?    Tel     Fax     Email     Mobile     Mail

**VIRTUAL OFFICE**

Please tick as appropriate

PACKAGES	
<b>Package A - Registered Address (For official Mail (Government post) only )</b>	<input type="checkbox"/>
<b>Package B - Business Address</b> Registered Office official mail +Mail forwarding all other post such as banks, contract, letters etc (we will charge postage cost)	<input type="checkbox"/>
<b>Package C - Telephone and Fax Number</b> Your company calls are professionally answered and message forward you instantly. Fax received are forwarded to you instantly	<input type="checkbox"/>
<b>Package D - Full virtual office</b> Registered address + Mail forwarding + Telephone and fax number	<input type="checkbox"/>

Please state any specific requirements as to how you want us to handle your post (e.g. keep for collection or to be forwarded to you via post weekly or monthly).

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**3.2 BANK ACCOUNT OPENING**

Please complete below if you require assistance with Bank Account Opening please indicate. Please note that where Fides Partners Limited provides Directors to the Company the Bank account must be under the control of Fides Partners Limited signatories or in special circumstance under Joint Signatory Control.

-What type of account do you require? Please tick as appropriate

Current/ Cheque account                       Call/Deposit account                       Fixed Deposit a  
account

-Please tick the currency of the account.

Sterling                       Euro                       USD

Others  please specify \_\_\_\_\_

- Will your business need a debit card? Yes                       No

-Will your business need a credit card? Yes                       No

-Please provide the name of the signatories below:

Signatory 1: \_\_\_\_\_

Signatory 2: \_\_\_\_\_

Signatory 3: \_\_\_\_\_

Signatory 4: \_\_\_\_\_

-Other products or services that you may be interested in:

Telephone Banking:

Internet Banking

Fax Pay:

### 3.3 ACCOUNTANCY SERVICES

#### -PAYROLL

Would you like Fides Partners Limited to register your company for PAYE? Yes  No

Number of Employees: \_\_\_\_\_

How are you planning to pay your employees? Please tick as appropriate Monthly  Weekly

#### -VAT

Would you like Fides Partners Limited to register your company for VAT? Yes  No

Approximate number of purchases and sales invoices per quarter: \_\_\_\_\_

#### -STATUTORY ACCOUNTS

Would you like Fides Partners Limited to prepare your final statutory accounts? Yes  No

### 3.4 OTHER SERVICES

Apostille and legalisation

Company Seal

Share Issue

Renewal

Certificate of Good standing

Website Development

Change of name

Readymade companies

Trading Contracts

Employment Contracts

Health and Safety Documents

Company Reports

### 4.1 PAYMENT DETAILS

Please tick your payment method:

Cash

Cheque

Bank Transfer

#### Bank Transfer

Please provide us with the following details if you wish to pay via bank transfer. Our payment instruction can be found on our invoices.

Date on which the transfer was made: \_\_\_\_\_

Person/Company making the transfer: \_\_\_\_\_

Bank from which the transfer was made: \_\_\_\_\_

#### Cheque

A cheque in the sum of GBP/EURO/USD: \_\_\_\_\_  is attached  will be sent

### 4.2 PAYMENT OF RENEWAL/ANNUAL FEES

Please invoice me as follows:

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_

First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 5.1 DELIVERY OF CORPORATE DOCUMENTS

Please advise where we should deliver your corporate documents:

-Same person as in section 2.4

- Please send the documents to the following person

Title (e.g. Mr, Mrs, Dr): \_\_\_\_\_ Family Name: \_\_\_\_\_

First and Other Names: \_\_\_\_\_ Former names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Post Code/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Personal Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

-The documents will be collected at Fides Partners Limited

### 5.2 MARKETING INFORMATION

Please assist us with some information for our marketing department.

How did you hear about Fides Partners Limited?

Internet

Referral

I am an Existing Client

Other, Please Specify \_\_\_\_\_

### 6.1 DECLARATION

I/We, the person(s) whose name(s) appear below, (referred to from now on in the singular) hereby declare and by my signature below confirm:

(1) I request that the Company and or Services be provided to me by Fides Partners Limited and that I have read and understood the requirements contained in this Application Form and in consideration of Fides Partners Limited approving the Application and supplying the Company and/or Services requested, I agree to be bound by those conditions as if they were incorporated into and made a part of this Declaration.

(2) The Client is responsible for ensuring that the information provided to the Service Provider is correct and that he/she has taken all necessary tax and legal advice in their country of domicile or where they are in permanent resident with regard to the establishment and operation of the Company and for ensuring that the activities will not breach the law of any relevant jurisdiction. Fides Partners Limited has not provided me with any legal or tax advice. The Client also acknowledges that assets or funds introduced to the Company do not represent either directly or indirectly the proceeds of a crime or other illegal activity.

(3) I will at all times irrevocably and unconditionally hold harmless and indemnify Fides Partners Limited and any parent, subsidiary or affiliate thereof and their directors, officers, employees, agents and consultants against all proceeding, suits, damages, fines, expenses, penalties and liabilities arising or brought against any of them by reason of any breach of the above declarations or the provision of the Company and any services.

(4) No refunds will be given after purchase

I understand and have read the full terms and conditions at:  
[http://www.ukincorporation.co.uk/terms\\_and\\_condition.php](http://www.ukincorporation.co.uk/terms_and_condition.php)

FULL NAME

SIGNATURE

DATE

FULL NAME

SIGNATURE

DATE