

**CAYMAN ISLANDS EXEMPTED COMPANY PURCHASE ORDER FORM**

Guidance in completing the Purchase Order Form

- 1. If the Directors, Shareholders and Beneficial Owners are all individuals, you will only be required to complete Section 1.
- 2. If the proposed company has any Corporate Directors, Corporate Shareholders, Corporate Beneficial Owners or Corporate Secretary, Appendix A must be completed for each corporate body.

Documents needed to be supplied

- 1. Full description of the nature of the business to be conducted by the company.
- 2. Completed client questionnaire for each company.
- 3. Documents as specified in Appendix A

**Section 1**

**1. PROPOSED COMPANY NAME** (Print full company name clearly)

Please ensure the company name is exactly as you want it to appear on the incorporation documents. Please provide two alternative names for use in case your first choice is unavailable.

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

**2. AUTHORISED CAPITAL**

- Standard: US\$50,000 Authorised Share Capital divided into 50,000 shares of a nominal or par value of US\$1.00 each.
- US\$ \_\_\_\_\_ Authorised Share Capital divided into \_\_\_\_\_ shares of a nominal or  
 with par value of US\$ \_\_\_\_\_ each

**3. MAIN ACTIVITY OF THE COMPANY**

**Main activity of the company:** \_\_\_\_\_

**Geographical location(s) of the business:** \_\_\_\_\_

**4. SHAREHOLDERS**

Please note that:-

- 1. A minimum of one Shareholder is required and Corporate Shareholder(s) are permitted.
- 2. If Shareholder(s) is / are a corporate, please complete Appendix A for each Corporate Shareholder and
- 3. Please provide this information on a separate sheet if more than two Shareholders.

**Are Bearer Shares to be issued?**     Yes     No

**Name and address of authorised custodian (if appropriate)**

**Shareholder 1**

Full Name: \_\_\_\_\_

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

Nationality: \_\_\_\_\_      Passport/  
Incorporation      Occupation:  
No.: \_\_\_\_\_

Date of Birth/ Incorporation: \_\_\_\_\_      Place of Birth/  
Incorporation: \_\_\_\_\_

No. of Share(s) to be held: \_\_\_\_\_

Source of Funds for Capital: \_\_\_\_\_

Details of Source of Wealth: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

**Shareholder 2**

Full Name: \_\_\_\_\_

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

**CAYMAN ISLANDS EXEMPTED COMPANY PURCHASE ORDER FORM**

Nationality: \_\_\_\_\_ Passport/  
Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/  
Incorporation: \_\_\_\_\_

No. of Share(s) to be held: \_\_\_\_\_

Source of Funds for Capital: \_\_\_\_\_

Details of Source of Wealth: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

**5. BENEFICIAL OWNERS (WHERE DIFFERENT TO SHAREHOLDERS)**

Please note that:

1. Please complete this part if any person or corporate holding 10% interest or more or with principal control over the company's assets:
2. If Beneficial Owner(s) is / are a corporate, please complete Appendix A for each Corporate Beneficial Owner, and
3. Please provide this information on a separate sheet if more than two Beneficial Owners.

**Beneficial Owner 1**

Full Name: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Passport/  
Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/  
Incorporation: \_\_\_\_\_

No. of Share(s) to be held: \_\_\_\_\_

Source of Funds for Capital: \_\_\_\_\_

Details of Source of Wealth: \_\_\_\_\_

**Beneficial Owner 2**

Full Name: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Passport/  
Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/  
Incorporation: \_\_\_\_\_

No. of Share(s) to be held: \_\_\_\_\_

Source of Funds for Capital: \_\_\_\_\_

Details of Source of Wealth: \_\_\_\_\_

**6. DIRECTORS**

Please note that:

1. A minimum of one Director is required and Corporate Directors are permitted.
2. If Director(s) is / are a corporate, please complete Appendix A for each Corporate Director; and
3. Please provide this information on a separate sheet if more than two Directors.

**CAYMAN ISLANDS EXEMPTED COMPANY PURCHASE ORDER FORM**

**Director 1**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport/Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/ Incorporation: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_

**Director 2**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport/Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/ Incorporation: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_

**7. SECRETARY**

Please note that:

- 1. It is not a mandatory requirement for the company to have a Secretary.
- 2. If Secretary(ies) is / are a corporate, please complete Appendix A for each Corporate Secretary; and
- 3. Please provide this information on a separate sheet if more than one Secretary.

**Secretary**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport/Incorporation No.: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth/ Incorporation: \_\_\_\_\_ Place of Birth/ Incorporation: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_

**8. CORRESPONDENCE ADDRESS (must be provided)**

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

**9. ADDRESS FOR KEEPING BOOKS AND RECORD (must be provided)**

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

**10. PERSONS AUTHORISED TO GIVE INSTRUCTIONS ON THE COMPANY**

Please list below the person(s) who is / are authorised to give instructions with respect to the Company. Please have the person(s) so listed sign, using his / her / their usual signature(s), opposite their name(s).

Print Name: \_\_\_\_\_ Profit Accounting \_\_\_\_\_ Signature: \_\_\_\_\_

**CAYMAN ISLANDS EXEMPTED COMPANY PURCHASE ORDER FORM**

Address: 9<sup>th</sup> Floor, Amtel Building, 148 Dex Voeux Road Central,  
Central, Hong Kong

Tel. (Office): 2854 1988 Mobile: \_\_\_\_\_  
Fax: 2854 1788 Email address: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_

Tel. (Office): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

**Terms of Business**

I permit all information to be released for completing the registration. I understand that one set of Memorandum & Articles will be taken as a record and I understand the operation of Limited Company Registration do not relate to PROFIT ACCOUNTING. I also accept that the payment for this service is non-refundable under any circumstances. I certify that all the above information are true and correct.

Signature: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Date: \_\_\_\_\_

For Profit Accounting  
Internal Use

*(Name of Managing Director / Compliance Officer / Manager)*

Checked by: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**Appendix A**

This is to be completed in respect of each Corporate Director, Corporate Shareholder, Corporate Beneficial Owner, Corporate Secretary and Corporate Authorised Signatory.

1. Company Name: \_\_\_\_\_
2. Address of the Registered Office: \_\_\_\_\_  
\_\_\_\_\_
3. Nature of the Companies Business: \_\_\_\_\_
4. Geographical Location(s) of the Business: \_\_\_\_\_
5. Please provide Certified Copy of Certificate of Incorporation.
6. Please provide Certified Copy of Registers of Directors and Members.
7. Position(s) held in the Company is  
 Director                       Shareholder (no. of share(s) held : \_\_\_\_\_)  
 Beneficial Owner               Officer                       Authorised Signatory               Secretary
8. Beneficial Owner(s) of the Shareholder: Being any person holdings a 10% interest or more or with principal control over the company's assets.

Each of the following individual beneficial owner, director and shareholder is required to provide certified true copies of identification document and proof of address.

8a Beneficial Owner 1:

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 No. of shares to be held: \_\_\_\_\_

8b. Beneficial Owner 2:

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 No. of shares to be held: \_\_\_\_\_

9. Identity of a Director

9a. Director 1:

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Appointment: \_\_\_\_\_

9b. Director 2:

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Appointment: \_\_\_\_\_

**Appendix A (cont'd)**Checklist of documentation required for the Corporate Shareholder who is a principal shareholder with interest of 10% or more in the capital of the company and Corporate Director

1. If the Director(s) and the Shareholder(s) is an individual, please provide
  - Please complete the incorporation form and provide:
    - A clear, notarized or certified photocopy of either a passport or a national identification card showing photograph, ID number, country of issuance, issue date, expiry date and signature; and proof of residential address for all Director(s), Shareholder(s) and Beneficial Owners owning 10% or more of the company's interest (whether directly or indirectly). This address proof may be in the form of a recent (not more than 3 months old) utility bill showing the party's residential address.
  
2. If the Corporate Director and/ or Corporate Shareholder is a publicly trading/listed company, please provide:-
  - Name of exchange traded on
  - Listing code
  - Recent financial statements, if available
  - If the Company is not traded on an approved stock exchange, then the latest audited accounts must also be provided
  
3. If the Corporate Director and/ or Corporate Shareholder is a private company, please provide:-\*\*
  - Original, notarized or certified Copy of Certificate of Incorporation and Certificate of Good Standing if the private company is over 1 year old
  - Certified or notarized Copy of Register of Directors
  - Certified or notarized Copy of Register of Officers
  - Certified or notarized Copy of Register of Members
  - Copy of the Memorandum and Articles of Association
  - Due diligence requirement for each Director, each principal Beneficial Owner and each Shareholder with 10% or greater than 10% interest

\*\* Please note:

- (i) This process continues until the principal shareholders are all either individuals or publicly traded companies.
- (ii) For holding companies, the information requested should be supplied on the ultimate holding company. Any intermediary companies should be named but full information will not be required.