

(Feb 2026)

Offshore Company Registration Application Form
離岸公司註冊申請表格

(Please write in block letters)

1. Applicant's Information 申請人聯絡資料

* Contact Person 聯絡人姓名		* Contact No. 聯絡電話	
* Email Address 電郵地址			

* **Mandatory fields 必須填寫**

2. Jurisdictions 司法管轄區

<input type="checkbox"/> British Virgin Islands ("BVI") 英屬處女群島	<input type="checkbox"/> Samoa 薩摩亞
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3. Proposed Company Name(s) 擬用公司名稱

English Name 英文名稱		Limited
Chinese Name 中文名稱		有限公司

Regarding registration information for the company, please complete and sign the "Company Information Form"
有關公司的詳細註冊信息，請完成及簽署附表「公司資訊表格」

4. Authorised Shares 註冊股份

Applicable to BVI company only 只適用於英屬處女群島公司

<input type="checkbox"/> 50,000 shares with a par value of US\$1.00 per share 50,000 股股票，每股面值 1.00 美元	<input type="checkbox"/> shares with a par value of US\$ _____ per share 股股票，每股面值 _____ 美元
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Applicable to Samoa company only 只適用於薩摩亞公司

<input type="checkbox"/> 1,000,000 shares with a par value of US\$1.00 per share 1,000,000 股股票，每股面值 1.00 美元	<input type="checkbox"/> shares with a par value of US\$ _____ per share 股股票，每股面值 _____ 美元
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5. Information of Shareholder(s), Director(s) & Ultimate beneficial owner(s)

股東，董事及公司實質擁有人資料

Regarding registration information for each Shareholder, Director and Beneficial Owner, each applicant must complete and sign the "Applicant Information Form"

有關每位股東、董事和實益擁有者的詳細註冊信息，各申請人需要完成及簽署附表「申請者資訊表格」

Regarding source of wealth and source of fund for each applicant, please complete the information in the "Applicant Information Form".

有關每位申請人的資金及財富來源信息，各申請人需要在附表「申請者資訊表格」提供完整信息

6. Correspondence Address 通訊地址

<input type="checkbox"/> I'd like to use PROFIT ACCOUNTING's address as our correspondence address. 本人欲使用盈大會計的公司地址為通訊地址。 9th Floor, Amtel Building, 148 Des Voeux Road Central, Central, Hong Kong 香港中環德輔道中 148 號安泰大廈 9 樓
<input type="checkbox"/> I'd like to use our own correspondence address. Please specify: 本人欲使用以下地址為通訊地址。請註明：

7. Mail Forwarding Deposit

郵件轉寄按金

<input type="checkbox"/> Not required 不需要	<input type="checkbox"/> HK\$100	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500
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8. Information of Secretary (Applicable to Samoa company only)**秘書資料 (只適用於薩摩亞公司)**

I'd like to appoint the following person as Secretary. 本人欲委任下列人士為秘書。

Surname 姓氏		Given Name 名稱	
Chinese Name 中文姓名		HKID No. / Passport No. 香港身分證號碼 / 護照號碼	
Residential Address 住址			

9. Source of funds**資金來源**

Please confirm whichever applies to the company's initial source of funds:

請確認公司初始資金來源：

<input type="checkbox"/> Shareholder 股東	<input type="checkbox"/> Ultimate beneficial owner 最終受益人
<input type="checkbox"/> Capital injection 注資	<input type="checkbox"/> Loan 貸款

Please provide a description of company's source of funds:

請簡要說明公司的資金來源：

10. Company documents and kit collection / Delivery**公司文件和文件盒領取方式**

<input type="checkbox"/> Collect at Central office 在中環辦事處領取	<input type="checkbox"/> Courier to the following address, please specify: 快遞到以下地址，請註明：
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11. How do you know our company?**閣下透過以下哪種途徑得知本公司？**

<input type="checkbox"/> Referral 朋友轉介	<input type="checkbox"/> Internet 互聯網	<input type="checkbox"/> Existing client 現有客戶
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12. Declaration**聲明**

Kindly read carefully the following information and agree:

我已閱讀及同意以下條款：

- I permit all information to be released for completing the registration. I understand that the formal company incorporation documents will be taken as a record in the government search record and I understand the administration of Limited Company Registration do not relate to PROFIT ACCOUNTING CO. LTD.. I also accept that the payment for this service is non-refundable under any circumstances.
本人同意以上資料作為申請有限公司之用途，並知悉正式公司註冊文件會作政府紀錄及查冊之用，亦明白有限公司之審核過程與盈大會計有限公司無關，本人明白及接受在任何情況下，已繳交的款項是不可退回。
- I certify that all the above information is true and correct.
本人確認以上資料均正確無誤。
- I have read, understood, and agreed to PROFIT ACCOUNTING CO. LTD.'s Terms & Conditions.
本人已閱讀並明白及同意盈大會計有限公司之條款及細則。

Signature 簽署 _____

Date 日期 _____

For internal use only

<input type="checkbox"/> HKID / Passport	<input type="checkbox"/> Address proof	<input type="checkbox"/> Verification by VP / VC / VS / EX	<input type="checkbox"/> ML / TF Risk: L / M / H
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Company Information Form

Instruction: Please complete and sign this form and attach Applicant Information Form for each director, shareholder and beneficial owner.

Company Name: _____

Foreign Name, if any: _____ Place of Incorporation: _____

Share Capital: Standard: 50,000 shares with par value USD1.00

For non-standard incorporation, enter special instructions below (authorized capital, No. of shares, par value):

Administrative or Secretarial Contact: _____

Activities Please select the appropriate box and complete the information:

Location of Business:		Estimated value (USD):
<input type="checkbox"/> Investment	Description: _____	
<input type="checkbox"/> Holding	Company Name: _____	Nature of Business: _____
<input type="checkbox"/> Trading	Products or services: _____	
<input type="checkbox"/> Manufacturing	Trading/Service Countries: _____	
<input type="checkbox"/> Services	Annual turnover (USD): _____	Website: _____
<input type="checkbox"/> Other, enter details: _____		

Location of Records List the physical location where each type of record is maintained as resolved by directors, applicable where allowed by law:

Register of Members (Original)	Register of Directors (Original)
_____	_____
Corporate Records	Accounting Records
_____	_____

Person who Maintains and Controls the Accounting Records

Name: _____
Address: _____

If accounting records are maintained by a corporation or firm, please also indicate contact person of the corporation or firm: _____

Confirmation

I/We hereby confirm that the information provided in this form is true and correct. I/We shall provide you with an update as soon as any of the above information is changed.

Signature/Authorized Signature

Name: _____

Date: _____

Applicant Information Form

Instruction: To be completed and signed by each Director, Shareholder and Beneficial Owner of the Company

Company Name: _____

Foreign Name, if any: _____ Place of Incorporation: _____

Complete this part for INDIVIDUAL applicant:

Surname: _____	First Name: _____
Middle Name: _____	Chinese Name, if applicable: _____
Previous Name: _____	Sex: _____
Date of Birth: _____	Place of Birth (Country): _____
Nationality: _____	Occupation: (MUST fill in) _____
ID/Passport No. _____	Document Type: _____

Complete this part for CORPORATE applicant (or an entity that is not an individual):

Name of Corporation: _____	
Previous Name(s): _____	
Chinese Name, if applicable: _____	Company Number: _____
Place of Incorporation: _____	Date of Incorporation: _____
For listed company, Stock Exchange: _____	Stock Code: _____

Residential Address (For corporation, enter Registered Office Address): _____ Service Address (if different from Residential/Registered Address) _____

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Contact Number: _____ Email Address: _____

Directorship: Is the applicant acting as director of the Company?

Yes, I/We hereby confirm that I/we consent or have consented to act as director of the Company and I
 am/we are not disqualified for appointment as director. A signed copy of this form may be used as my/our No
written consent to act as director of the Company.

Shares Held: The number of shares to be issued to or held in the name of the applicant: _____

Beneficial Ownership: The percentage of ultimately owned or controlled by the applicant: _____

For beneficial owner, please complete source of fund information below:

<input type="checkbox"/> Employment Income	<input type="checkbox"/> Self Employed
Company Name: _____	Nature of Business: _____
Position or Profession: _____	Website: _____
Years of Experience: _____	Other sources, please specify: _____

I/We hereby confirm that the information provided in this form is true and correct. I/We shall provide you with an update as soon as any of the above information is changed.

Signature/Authorized Signature

Name: _____

Date: _____

Applicant Information Form

Instruction: To be completed and signed by each Director, Shareholder and Beneficial Owner of the Company

Company Name: _____

Foreign Name, if any: _____ Place of Incorporation: _____

Complete this part for INDIVIDUAL applicant:

Surname: _____	First Name: _____
Middle Name: _____	Chinese Name, if applicable: _____
Previous Name: _____	Sex: _____
Date of Birth: _____	Place of Birth (Country): _____
Nationality: _____	Occupation: (MUST fill in) _____
ID/Passport No. _____	Document Type: _____

Complete this part for CORPORATE applicant (or an entity that is not an individual):

Name of Corporation: _____	
Previous Name(s): _____	
Chinese Name, if applicable: _____	Company Number: _____
Place of Incorporation: _____	Date of Incorporation: _____
For listed company, Stock Exchange: _____	Stock Code: _____

Residential Address (For corporation, enter Registered Office Address): _____ Service Address (if different from Residential/Registered Address) _____

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Contact Number: _____ Email Address: _____

Directorship: Is the applicant acting as director of the Company?

Yes, I/We hereby confirm that I/we consent or have consented to act as director of the Company and I
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Shares Held: The number of shares to be issued to or held in the name of the applicant: _____

Beneficial Ownership: The percentage of ultimately owned or controlled by the applicant: _____

For beneficial owner, please complete source of fund information below:

<input type="checkbox"/> Employment Income	<input type="checkbox"/> Self Employed
Company Name: _____	Nature of Business: _____
Position or Profession: _____	Website: _____
Years of Experience: _____	Other sources, please specify: _____

I/We hereby confirm that the information provided in this form is true and correct. I/We shall provide you with an update as soon as any of the above information is changed.

Signature/Authorized Signature

Name: _____

Date: _____