盈大會計有限公司
PROFIT ACCOUNTING Co. Ltd.
Your Reliable Accountant

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Samoa Company Registration Application Form
薩摩亞有限公司註冊申請表格

(Please write in block letters)

Applicant's Information 申請人聯絡資料

Name 姓名：		Mobile / Tel 手提 / 電話:	
Email Address 電郵地址：		Fax 傳真:	

Incorporation Method 成立方法

Type 種類：	( ) Brand-new Company 全新公司
	( ) Shelf Company 現成公司

Proposed name(s) – (Order of preference) 公司名稱

First Choice 第一選擇	English 英文名稱	
	Chinese 中文名稱	有限公司
Second Choice 第二選擇	English 英文名稱	
	Chinese 中文名稱	有限公司
Third Choice 第三選擇	English 英文名稱	
	Chinese 中文名稱	有限公司

Authorized Share Capital 註冊資本

Authorized Share Capital 註冊資本	Standard Authorized Share Capital: 1,000,000 shares 標準註冊股本 :1,000,000 股	Per Shares of US$ ____ 每股面值 ____ 美元

Nature of company business 公司業務性質

English 英文:	
Chinese 中文:	

Company Correspondence Address 客戶通訊地址

Use the following address as the company's correspondence address. 本人欲使用以下的地址為客戶通訊地址。

Address 地址 (English) (英文)	

(Mar 2024)

Information of Shareholder(s), Director(s), Secretary & Ultimate beneficial owner(s)
股東、董事、祕書 及 公司實質擁有人資料

Applicant's Position 申請人身份	( ) Shareholder 股東	( ) Director 董事	( ) Secretary 祕書	( ) Ultimate beneficial owner 公司實質擁有人		
Applicant Name 申請人姓名	English 英文					
	Chinese 中文					
Occupation 職業	English 英文		No of shares 持股量	(shareholder only) (只適用於股東)		
HK I.D No./Passport No. 香港身份証/外國護照號碼			Country 簽發國家			
Residential Address 住址	English 英文					

Applicant's Position 申請人身份	( ) Shareholder 股東	( ) Director 董事	( ) Secretary 祕書	( ) Ultimate beneficial owner 公司實質擁有人		
Applicant Name 申請人姓名	English 英文					
	Chinese 中文					
Occupation 職業	English 英文		No of shares 持股量	(shareholder only) (只適用於股東)		
HK I.D No./Passport No. 香港身份証/外國護照號碼			Country 簽發國家			
Residential Address 住址	English 英文					

Notes : Please provide passport copies or ID card copies and current proof of residential address (e.g., telephone bill, utility statement or bank statement) for all shareholder(s), director(s) and ultimate beneficial owner(s) of the company for verification purpose. We keep all information collected strictly confidential.

備註: 請提供各股東、董事、祕書和公司實質擁有人之身份證副本或海外護照副本一份和三個月內地址証明(例如: 電話費單, 銀行月結單)一份，以供核對之用。所有資料絕對保密。

How would you like to collect the company documents and green box after your company incorporated?
公司註冊後，閣下透過以下何種途徑領取公司文件和綠盒 ?

( ) Pick up in Central office 在中環辦事處領取	( ) Courier to the following address (Please specify) 快遞到以下地址 (請詳細註明) :

Please indicate how do you know our company? 閣下透過以下何種途徑得知本公司之服務 ?

( ) Referral 朋友轉介	( ) Internet 互聯網	( ) Others 其他 (Please specify 請註明) :

Source of fund for this transaction 此次交易的資金來源

( ) Business 業務	( ) Saving 儲蓄	( ) Others 其他 (Please specify 請註明) :

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 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. I certify that all the above information are true.

本人同意以上資料作為申請有限公司之用途，並同意其中一份公司章程作紀錄之用，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。本人核證以上資料均正確無誤。

Signature 簽署 _____ Date 日期 _____

For internal use only

( ) HKID / Passport	( ) Residential address proof	( ) Payment	Document pick up by: ( ) Shareholder ( ) Director

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):**

☐ **Investment** **Description:** _____

☐ **Holding** **Company Name:** **Nature of Business:**

☐ **Trading** **Products or services:** _____

☐ **Manufacturing** **Trading/Service Countries:** _____

☐ **Services** **Annual turnover (USD):** **Website:**

☐ **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)

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 written consent to act as director of the Company. ☐ **No**

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:

☐ **Employment Income** ☐ **Self Employed**

Company Name: _____

Position or Profession: _____ **Nature of Business:** _____

Years of Experience: _____ **Website:** _____

☐ **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)

Contact Number: _____ **Email Address:** _____

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☐ **Employment Income** ☐ **Self Employed**

Company Name: _____

Position or Profession: _____ **Nature of Business:** _____

Years of Experience: _____ **Website:** _____

☐ **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: _____