



Application for the Incorporation of a Cyprus company

IMPORTANT NOTES

1. The completed and signed application form should be posted to A.G. GEORGHIOU LTD, P.O. Box 21480, 1060 Nicosia – Cyprus, Tel: +35722769100, Fax: +35722769101, E-mail: aggeorghiou@cytanet.com.cy. Work can start on the basis of a scanned application but the original must be posted at the same time.
2. Please enclose a copy of the passports - certified as true copies by Cyprus Embassy or Consulate, or a notary public, attorney or reputable credit or financial institution in your home country - of all those individuals who will be shareholders/ beneficial owners or directors of the company.
3. Please provide an original proof of address, dated within the last three months, for all persons listed within the application form. Typically this would be a utility bill, or credit card or bank statement and these documents should be included with the application.
4. Work cannot commence until payment has been received.





Application for the incorporation of a Cyprus company

Instructions for completion - *Please provide with your application: a) Certified copy of passport/ identity card, b) Recent original utility bill (electricity/water) showing your residential address, c) Recent Bank Statement*

1. APPLICANT'S PERSONAL DETAILS

Title: (Mr/Mrs/Ms/Dr/Other)		Gender: (Male/Female)
Name:	Surname:	Father's name:
Identity Card (I.C.) / Passport No.:		Country of issue:
Date of issue: (DD/MM/YY)	Expiry date: (DD/MM/YY)	
Nationality:	Citizenship:	
Date of birth: (DD/MM/YY)	Place of birth:	
Country of permanent Residence:		
Occupation:		
Related Companies:		
Website:	Corporate E-mail:	
Countries of main professional activity:		
Family status:	No of dependent persons:	Name of spouse:
Home Phone:	Work Phone:	Mobile Phone:
Fax:	Private E-mail:	
Home address:		
Mailing address (if different):		

2. STATE REASONS FOR SELECTING CYPRUS AS THE COUNTRY OF INCORPORATION

3. STATE DESIRED COMPANY NAME (insert 3 names in order of preference)

1)
2)
3)



4. DETAILED DESCRIPTION OF THE PROPOSED ACTIVITIES OF THE COMPANY

Economic Sector/Industry:
Country/ies of activity:
Location of business:

5. FINANCIAL INFORMATION

Expected sources of income (countries, type of services or sales):
Expected annual turnover to pass through the Bank account:
Origin of funds and type of transactions (receipts from/payments to, inward amounts and outward payments):

6. SHARE CAPITAL	NO. OF SHARES	CURRENCY AND PAR VALUE
Authorized share capital		€
Issued and fully paid		€

7. SOURCE (HOW DID YOU FIND OUT ABOUT OUR SERVICE?)

<input type="checkbox"/> By recommendation or referral. Please provide details.
<input type="checkbox"/> From our internet site. If so, how did you hear about the site?

8. REGISTERED OFFICE

Do you need a registered office address to be provided by A.G.GEOGHIOU LTD? Yes <input type="checkbox"/> No <input type="checkbox"/>
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9. SECRETARY (COMPLETE ALSO ATTACHMENT 4)

Please give name of Secretary to be appointed:

10. DIRECTORS/ NOMINEE DIRECTORS (COMPLETE ALSO ATTACHMENT 3 FOR EACH DIRECTOR)

Please give list of Directors/ nominee Directors to be appointed:

1)

2)

3)

11. SHAREHOLDERS/BENEFICIAL OWNERS (COMPLETE ALSO ATTACHMENTS 1 / 2 FOR EACH SHAREHOLDER/ BENEFICIAL OWNER)

Name of shareholder/Beneficial Owner	% holding
1)	
2)	
3)	
4)	

12. BANKING ARRANGEMENTS

Do you need a local bank account to be provided? Yes No

Open Corporate Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify Currency: EUR <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/>
Open Personal Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify Currency: EUR <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/>
Do you require debit card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	On Corporate Account <input type="checkbox"/> On Personal Account <input type="checkbox"/>
Do you require credit card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	On Corporate Account <input type="checkbox"/> On Personal Account <input type="checkbox"/>
Do you require e-banking service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	On Corporate Account <input type="checkbox"/> On Personal Account <input type="checkbox"/>

Expected annual turnover in account:



13. PAYMENT DETAILS

Please tick box to indicate method of payment. Amount:
(the payment amount should be the total of the incorporation costs, first year's annual fees and all disbursements)

- Funds have been telex transferred direct to your account in accordance with the instructions contained within note 4 on the front page. Please attach copy of receipted bank instructions.
- I enclose a banker's draft/international money order/cheque drawn in accordance with instructions contained with note 4 on the front page. Please attach copy with faxed form and send original with hard copy by post.

14. MAILING INSTRUCTIONS *(main person to contact for company matters)*

Please tick box to indicate method by which the completed company papers should be dispatched to you from our office

- AIRMAIL or COURIER (at a surcharge) – **strongly recommended**

15. CONTACT PERSON *(main person to contact for company matters)*

Name and address					
Tel.		Fax.		E-mail	

16. NOTES

Please write any comments you wish to bring to our attention:



Attachment 1

Details required for Shareholders/Beneficial Owners that are physical persons
(Please copy and complete this attachment for all shareholders/ beneficial owners)

(A) Full forename and surname:			
(B) Usual Residential Address: <i>Please provide proof of residential address (original utility bill or credit card or bank statement, dated within last 3 months)</i>		Full address (including post code):	
		Telephone No:	Fax No:
(C) E-mail address:			
(D) Identity card/ Passport : <i>Please provide copy certified as true copy by Cyprus embassy or Consulate or a notary public, or attorney or reputable credit or financial institution in your home country</i>		Passport No:	Place of issue:
			Expiry Date:
(E) Date of Birth: (DD/MM/YY)	(F) Nationality:	(G) Citizenship:	
(H) Occupation:	(I) Number of Shares and % share:	(J) Country of tax residence:	
(K) Please provide CV or other information as to your academic and professional background Provided <input type="checkbox"/>			
(L) Please state whether you are a Politically Exposed Person (PEP*) or you are related to a PEP*. (Please see Appendix A for definitions) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:			
(M) Please provide a reference letter from either : Professional Accountant, Attorney, Reputable Credit or Financial Institution in your home country Provided <input type="checkbox"/>			
<u>DECLARATION OF THE BENEFICIAL OWNER</u>			
I, beneficial owner of the companydeclare that:			
A. I am acting on my own behalf, and not as the nominee or the trustee, nor in any fiduciary capacity on behalf of any other person.			
B. All assets provided to the Company are derived from a legitimate source.			
C. I have never been declared bankrupt, nor have I been a director or manager of any company that has been subject to insolvency liquidation, or subjected to judicial inquiry.			
D. I have never been convicted of any offence involving fraud, or dishonesty, nor have I been involved directly, or indirectly, in any activity in connection with illegal commercial transactions and/or money laundering, nor have I violated any international criminal law, convention or sanction.			
E. The Company will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I understand that you may have an obligation to report details of any arrangement involving the proceeds of criminal conduct.			
I, the undersigned, hereby declare that all details given above are accurate and true.			

Signature.....

Date.....

Name.....

NOTE: Please provide scanned copies and then the original signed documents by courier.



Attachment 2

Details required for Shareholders/ Beneficial Owners that are Corporations
(Please copy and complete this attachment for all shareholders and also repeat for all corporate shareholders up to the beneficial owners being physical persons)

(A) Company name	
(B) Business Address	
(C) Registration No.	
(D) Country of registration	
(E) Please provide : i. Certificate of Incorporation. <input type="checkbox"/> ii. Copy of Memorandum & Articles of Association, or equivalent. <input type="checkbox"/> iii. Certificates of Directors, Secretary, Registered office address. <input type="checkbox"/> iv. Group structure leading to shareholders/beneficial owners <input type="checkbox"/> v. Certificate of shareholders. <input type="checkbox"/> <i>(please see Note 1 below) (if any of the shares are held by nominees we also need copies of the trust declarations).</i> <i>Note: All above documents should be originals or certified as true copies by a public notary or equivalent, Cyprus Embassies or Consulates or reputable banks.</i> vi. Details of each shareholder (complete Attachment 1 for each) vii. Certified Copy of each shareholder's passport <i>(Please provide copy certified as true copy by Cyprus embassy or Consulate or a notary public, or attorney or reputable credit or financial institution in your home country)</i>	
(F) Contact person (Full name, telephone , e-mail)	
(G) Nature of business	
(H) Number of Shares and % share	
(I) Please provide a reference letter from either : Professional Accountant, Attorney, Reputable Credit or Financial Institution <p style="text-align: right;">Provided <input type="checkbox"/></p>	

Note 1 : In case that the shareholders are again corporations then please fill this attachment also for these shareholders and repeat until the beneficial owners are only physical persons.

Signature and stamp.....

Date.....

Name of person signing.....

NOTE: Please provide scanned copies and then the original signed documents by courier.



Details required for appointment of Directors
(Please copy this attachment for all directors)

(A) Full forename and surname:			
(B) Usual Residential Address <i>Please provide proof of residential address (original utility bill or credit card or bank statement, dated within last 3 months)</i>		Full address (including post code):	
		Telephone No:	Fax No:
(C) E-mail:			
(D) Identity card/ Passport <i>Please provide copy certified as true copy by Cyprus embassy or consulate or a notary public, or attorney or reputable credit or financial institution in your home country</i>		Passport No:	Place of issue:
			Expiry Date:
(E) Date of Birth: (DD/MM/YY)	(F) Nationality:	(G) Citizenship:	
(H) Occupation			
(I) Country of tax residence:			
(J) Please state whether you are a Politically Exposed Person (PEP*) or you are related to a PEP*. (Please see Appendix A for definitions)			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please explain:			
(K) Please provide a reference letter from either : Professional Accountant, Attorney, Reputable Credit or Financial Institution			
Provided <input type="checkbox"/>			

Signature.....

Date.....

Name.....

NOTE: Please provide scanned copies and then the original signed documents by courier.



Details required for appointment of Secretary

In case Secretary is a physical person:

(A) Full forename and surname:			
(B) Usual Residential Address <i>Please provide proof of residential address (original utility bill or credit card or bank statement, dated within last 3 months)</i>	Full address (including post code):		
	Telephone No: E-mail:	Fax No:	
(D) Identity card/ Passport <i>Please provide copy certified as true copy by Cyprus embassy or consulate or a notary public, or attorney or reputable credit or financial institution in your home country</i>	Passport No:	Place of issue:	Expiry Date:
(E) Date of Birth: (DD/MM/YY)	(F) Nationality:		(G) Citizenship:
(H) Occupation			

In case Secretary is a Corporation:

(A) Company name	
(B) Business Address	
(C) Registration No. & Country of Registration	
(D) Please provide Full set of Company documents:	
i. Certificate of Incorporation. <input type="checkbox"/> ii. Copy of Memorandum & Articles of Association, or equivalent. <input type="checkbox"/> iii. Certificates of Directors, Secretary, Shareholders, Registered office address. <input type="checkbox"/> <i>Note: All above documents should be originals or certified as true copies by a public notary or equivalent, Cyprus Embassies or Consulates or reputable banks.</i>	
(F) Contact person (Full name, telephone , e-mail)	
(G) Nature of business	

NOTE: Please provide scanned copies and then the original signed documents by courier.

Signature.....

Date.....

Stamp (if Corporation)

Name



Appendix A

DEFINITION 1: POLITICALLY EXPOSED PERSON

The meaning 'Politically Exposed Persons' includes the following natural persons who are or have been entrusted with prominent public functions' in Cyprus or abroad:

- heads of State, heads of government, ministers and deputy or assistant ministers;
- members of parliaments;
- members of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
- members of courts of auditors or of the boards of central banks;
- ambassadors, charges d'affaires and high-ranking officers in the armed forces;
- members of the administrative, management or supervisory bodies of State-owned enterprises.

None of the categories set out above should be understood as covering middle ranking or more junior officials.

Further, where a person has ceased to be entrusted with a prominent public function within the meaning of the above definition for a period of at least one year, such persons shall not be considered a Politically Exposed Person.

DEFINITION 2: IMMEDIATE FAMILY OR CLOSE ASSOCIATES

Politically Exposed Persons are also the immediate family members of such persons as set out under Definition 1, which means:

- the spouse or the person with which cohabit for at least one year;
- the children and their spouses or the persons with which cohabit for at least one year;
- the parents.

Politically exposed persons are also persons

known to be close associates of such persons as set out under Definition 1, which means:

- Any natural person who is known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a person referred to in Definition 1;
- Any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of the person referred to in Definition 1.