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www.finseedglobal.com | info@finseedglobal.com

COMPANY APPLICATION FORM

1.0 – ABOUT THE PROPOSED COMPANY

Please provide the name of the country and/or the jurisdiction of incorporation (e.g. Seychelles, BVI, Hong Kong etc.).

Country of Incorporation: _____

1.1 – PROPOSED COMPANY NAME

Please provide a list of company names for the proposed company.

First Choice _____

Second Choice _____

Third Choice _____

Have you selected this company name from our list of pre incorporated Companies? ☐ Yes ☐ No

1.2 – MEMORANDUM & ARTICLES OF ASSOCIATION

A standard template Memorandum and Articles of Association is used for all pre-incorporated companies. If you require amendments or require specific Articles, please provide full details below or on the Notes page attached hereto.

1.3 – SHARE CAPITAL AND CLASS(ES) OF SHARES

All pre-incorporated companies are incorporated with a share capital. If you require a specific share capital and different classes of shares, please provide full details below or on the Notes page attached hereto.

1.4 – PURPOSE OF COMPANY – Tick the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Investment Holding | <input type="checkbox"/> Trading in Goods/Services | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Property Investment | <input type="checkbox"/> Expatriate Salary | <input type="checkbox"/> Other please specify: _____ |

To assess your application, we need detailed information about what the company will be used for. Please list activities, goods to be traded, trading parties if known, nature of investments and services to be provided.



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1.5 – COMPANY STRUCTURE

If this Company is to be part of a Corporate Structure i.e., it will either own/part own other companies or be owned/part owned by other corporate entities please provide details to include where they are incorporated, where they are based and what their purpose is within the overall structure.

1.6 – GEOGRAPHY OF PROPOSED BUSINESS

1.7 – HOW WILL THE COMPANY BE FUNDED?

To comply with our statutory duties, please describe the source of funds that will be used to finance the Company in the space below. Documentation **must** be attached to support this application.

1.8 – ABOUT THE TURNOVER, PROFIT AND TRANSACTIONS OF THE COMPANY

How much start up capital will be invested into the business?

Estimated annual turnover

Estimated number of transfers into the company's bank account per month

Estimated value of transfers into the company's bank account per month

Estimated number of transfers out of the company's bank account per month

Estimated value of transfers out of the company's bank account per month

Any other pertinent Information:

1.9 – OWNERS, SHAREHOLDERS, DIRECTORS AND OTHER CONNECTED PERSONS

Please provide details of who will be the beneficial owner(s), shareholder(s), director(s) and manager(s) of the Company. Please complete a page in Section 2 for each person or legal entity who is to be connected to the company. Please tick the appropriate boxes.

Names of Individuals or Legal Entities	Director	Beneficial Owner	Shareholder	Number or % of Shares to Issue
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Please complete this page for every person or legal entity who/ that is described in section 1.9. If a **legal entity** is connected to the company, please fill in sections **2.2, 2.3** and **2.4** only. Two pages provided. Please copy if necessary.

2.0 – PERSONAL INFORMATION ABOUT THE CONNECTED PERSON

Title (e.g. Mr., Mrs., Dr.):	Family Name:
First and Other Names:	Former names:
Occupation:	Languages:
HK Identity Card No.:	Date of Birth:
Nationality:	Place of Birth:

2.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

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

2.2 – OFFICE ADDRESS AND CONTACT DETAILS – FOR PERSONS AND LEGAL ENTITIES

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:

2.3 – PREFERRED METHOD OF CONTACT – Please indicate by ticking a box.

Email

- ☐ Personal
☐ Office

Telephone

- ☐ Personal
☐ Mobile

Regular Mail

- ☐ Residential
☐ Office

Special Contact Instructions:



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2.4 – CONNECTION TO THE COMPANY

- | | | |
|---|--|---|
| <input type="checkbox"/> Contact Person | <input type="checkbox"/> Managing Agent | <input type="checkbox"/> Intermediary |
| <input type="checkbox"/> Director/Appointed Manager | <input type="checkbox"/> Company Secretary | <input type="checkbox"/> An Existing Client |
| <input type="checkbox"/> Beneficial Owner/Shareholder, please state percentage ownership: _____ | | |
| <input type="checkbox"/> Other, please specify: _____ | | |

2.5 – SOURCE OF WEALTH

If you are the principal, please provide a brief description as to the origin of your wealth and the period over which it was generated.

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HK Identity Card No.:	Date of Birth:
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2.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

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

2.2 – OFFICE ADDRESS AND CONTACT DETAILS – FOR PERSONS AND LEGAL ENTITIES

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:

2.3 – PREFERRED METHOD OF CONTACT – Please indicate by ticking a box.

Email

- ☐ Personal
☐ Office

Telephone

- ☐ Personal
☐ Mobile

Regular Mail

- ☐ Residential
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3.0 – CORPORATE BANKING SERVICES

If you require assistance with Bank Account Opening, please indicate your preference below.

Type of Account ☐ Current/ Checking ☐ Call Deposit ☐ Fixed Deposit

Signatory (1) _____ Signatory (2) _____

Preferred Location of Account? _____

FINSEED Global to recommend a suitable Bank for the opening of a Corporate Account? ☐ Yes ☐ No

A specific Bank and Branch has been selected by the beneficial owners? ☐ Yes ☐ No

Name of specific Bank _____ Branch _____

3.1 – VIRTUAL AND MAIL FORWARDING SERVICES

Please indicate the service required by ticking the appropriate box.

Description of Service

Location of service – Please state FINSEED Global Office.

Combines Virtual Office Services	_____	<input type="checkbox"/>
Mail handling & forwarding	_____	<input type="checkbox"/>
Facsimile handling and forwarding	_____	<input type="checkbox"/>
Email	_____	<input type="checkbox"/>

Please state any specific requirements on "Notes" Pages attached hereto.

3.2 – ADDITIONAL SERVICES

- | | |
|---|---|
| <input type="checkbox"/> Foundation services | <input type="checkbox"/> Trade Mark Registration |
| <input type="checkbox"/> Opening of Personal bank accounts | <input type="checkbox"/> Company credit card services |
| <input type="checkbox"/> International healthcare insurance | |

Please state any other services you may require:

3.3 – MARKETING INFORMATION

Please assist us with some information for our marketing department.

How did you hear about FINSEED Global?

- | | | |
|---|---|--|
| <input type="checkbox"/> I am an Existing Client | <input type="checkbox"/> Referral from a Friend | <input type="checkbox"/> Lawyer/Financial Adviser/Tax Consultant |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Telephone Directory |
| <input type="checkbox"/> Tick here if you would like to receive our monthly newsletter. | | |



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4.0 – PAYMENT OF INITIAL FEES

– Please select from the options below:

OPTION A – CREDIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ Amex Expiry Date: _____

Card Number: _____ Today's Date: _____

Card Security Code (3 digits on reverse of card for VISA/MasterCard or 4 digits on front of AMEX card) _____

Card Holder's Name (as shown on card) _____

Billing Address _____

Authorising Signature _____

After debiting my card: ☐ Do nothing at all ☐ Phone Me

Send an email/fax to _____

OPTION B – BANK TRANSFER

☐ Should you wish to pay by bank transfer, please tick here.

We will advise you of the appropriate office bank account by return email or fax.

Please quote a reference including the name of the Company being purchased.

Person/Company making transfer: _____

Bank from which transfer was sent: _____

Date transfer was made: _____

4.1 – PAYMENT OF FUTURE ADMINISTRATION AND ANNUAL FEES

– Please select from the options below:

OPTION A – DEBIT CREDIT CARD (details above) ☐ Yes ☐ No

OPTION B – SEND INVOICE TO MAILING ADDRESS OF _____

SEND INVOICE TO EMAIL ADDRESS _____

Or the following person (name and address): _____



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5.0 – COMPANY DOCUMENTS

- ☐ Hold company documents in safe custody
- ☐ Send company documents to mailing address _____
- ☐ Send company documents to the following person (include name of recipient, address and post code):

5.1 – MANDATE

We will only accept instructions if they are signed by all the owners and/or directors or managers unless a **Managing Agent** is appointed by all the owners to provide instructions. Please provide the full name of the person you wish to appoint as a managing agent and ensure that the form in SECTION 2 is completed for this person so that we have all the necessary information.

Managing Agent's full name: _____

Sample Signature: _____

5.2 – DECARATION

1. I/we, the person(s) whose name(s) appear below, declare and by my/our signature(s) below, confirm that I/we am/are the ultimate Beneficial Owner(s) of the Company I/we have ordered from FiNFEED Global and I/we have read and agree to be bound by FiNFEED Global 's Terms of Business.
2. I/we understand that I/we may have an obligation to report our interest in the company in personal tax returns and that income of the company may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect; and the company will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
3. I/we declare that my/our "Source of Wealth" as mentioned in the foregoing has been generated solely from legal activities and/or sources and is entirely attributable to me/us.
4. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been subject of an investigation by a governmental, professional or other regulatory or statutory body.
5. I/We declare that the person named in 5.1 is hereby appointed as my/our Managing Agent to act on my/our behalf in the management of all of the affairs of the Company but excluding any change of management structure and ownership.
6. I/We do not wish to appoint a Managing Agent. ☐

Signature: _____

Name: _____

Date: _____

Signature: _____

Name: _____

Date: _____

