

OFFICES:
6 KOLOKOTRONI STR
1ST FLOOR. OFFICE 6
NICOSIA 1101
CYPRUS

PH.PHOTIOU & ASSOCIATES LLC

ADVOCATES & LEGAL CONSULTANTS
MAIN SWITCHBOARD
00 357 22 783010 - 4 lines-

FAX: 0035722783283
Email address:
pphotiou@phlawcy.com
web-address:
www.phlawcy.com

CYPRUS COMPANY REGISTRATION QUESTIONNAIRE

The following information, which will be treated strictly confidential, is necessary for the formation and registration of an offshore company. Please complete the questionnaire to facilitate the registration process.

Suggested company names(s) and reasons for name selections:

1. _____

2. _____

Our office maintains a list with approved names which it is at your disposal upon request.

Main activities of proposed company in detail:

Proposed share capital structure (minimum issued and paid up capital required Euros.1,000.00). Usually the share capital is Euros 1000.00(thousand Euros) divided in 1000 shares of Euro 1.00 per share

Number of Shares

Value – Euros

Authorised

Issued

Details of Proposed Shareholders-beneficiary (minimum one shareholder, maximum 49) . A copy of the two first pages of the proposed shareholders passport it is needed.

| Full name of proposed shareholder | Nationality passport number and date of birth | Residential address | Occupation | Number of shares |
|-----------------------------------|---|---------------------|------------|------------------|
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| | | | | |

Please indicate whether the above shares will be held in trust for the true owners by nominee shareholders to be appointed by our office.

Contact details of the Beneficiary/beneficiaries

| Full name of beneficiary/ies | Address | Profession | Contact fax | Contact email |
|------------------------------|---------|------------|-------------|---------------|
| | | | | |
| | | | | |

Details of proposed Directors and Secretary. Minimum one director and one Secretary.

| Full name | Nationality and passport number | Residential Address | Occupation |
|-----------|---------------------------------|---------------------|------------|
| | | | |

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| Full name of Secretary | Nationality and passport number | Residential Address | Occupation |
|------------------------|---------------------------------|---------------------|------------|
| | | | |

Please indicate whether you wish for our office to arrange for the appointment of nominee local directors and secretary:

Please indicate whether you wish our office to provide registered office services: YES / NO

OTHER INFORMATION WHICH MUST BE PROVIDED BY THE BENEFICIARY:

1. Telephone number of the beneficiary:
2. Fax number of the beneficiary:
3. Email number of the beneficiary:
4. Expected annual turnover of the company
5. Countries of activities:
6. Countries of expected origin of funds and outgoing funds:

DOCUMENTS WHICH NEEDED TO BE PROVIDED BY THE BENEFICIARY:

1. Copy of a valid passport (first two pages)
2. Recent utility bill in the name of the beneficiary

NOTES

The above application when completed should be posted to:

PH.PHOTIOU & ASSOCIATES LAW OFFICE

6 KOLOKOTRONI STR. 1ST FL..

NICOSIA 1101 – CYPRUS

You can also send the above by fax to ++3572783283.

THE CLIENT/S

DATE.....

(Signature).....

Name