**Company Details**

Proposed Name of Company

|  |  |
| --- | --- |
| (i) |  |
| (ii) |  |

**Authorised Shares**

US$50,000 divided into 50,000 shares of US$1.00 each \*\*This is standard

 Other :

**Other Information**

The underlying documentation and records of the company (including accounting data) will be held at the following address:

|  |  |
| --- | --- |
| Address |  |
|  |  | Country |  |

The original Register of Members and Directors will be held at the Registered Office.

**Yes No**\*

\*If no, please indicate address:

|  |  |
| --- | --- |
| Address |  |
| Country |  | Postal/Zip Code |  |

**Shareholder Details**

Do you require Corporate Shareholder Services?

 **YES** **NO** – please provide the following details

**Certificate # 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  |

**Certificate # 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  |

**Certificate # 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  |

**Beneficial Owner Details**

Same as shareholdersIfdifferent than shareholders, please provide the following details

**Beneficial Owner(1)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  | Held by |  |

**Beneficial Owner(2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  | Held by |  |

**Beneficial Owner(3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  | No. of Shares |  | Held by |  |

**Director(s) Details**

Do you require Corporate Directorship Services?

 **YES** **NO** – please provide the following details

**Director (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  |

**Director (2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  |

**Director (3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Occupation |  |
| Address |  |
| Country |  | Postal/Zip Code |  |
| Nationality |  | Passport/ ID Number |  |
| Date of Birth |  | Telephone |  |
| Email |  |

To: **AMS Corporate Services (Cayman) Ltd.**

I / We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do solemnly and sincerely declare:

1. THAT I am / We are the Beneficial Owner(s) & / or Director(s) of the Company;
2. THAT I am / We are familiar with the general business of the Company which is:

|  |
| --- |
|  |
|  |

 *(Insert brief description of nature and details of business activities of the Company: e.g. trading (in what), import/export (of what), investments (type), consultancy (type), holding company (what assets), property (what type) or other (specify))*

1. THAT the company will undertake business in the following locations:

|  |
| --- |
|  |
|  |

 *(List countries in which the business activities will take place)*

1. THAT the funds or other assets transferred or to be transferred by myself / ourselves or by other persons to the Company, are derived from:

|  |
| --- |
|  |
|  |

 *(Please give full particulars including country of origin)*

1. THAT all funds or other assets which will be transferred to the Company, are and will be clean cleared assets of a non-criminal origin and will not be funds or assets deriving or derived from the sale of illegal drugs, money laundering or other criminal activities.
2. I / We have read, understood and agree with the terms and conditions of engagement.
3. I / We have obtained my / our own tax advice and have not received any tax advice from AMS.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name |  |

 Founder(s)

**DUE DILiGENCE CHECKLIST**

The following requested documents must be provided. We reserve the right to request additional KYC documentation at any time.

**Individual Clients, Director(s), Shareholder(s) and Beneficial Owner(s)**

|  |  |  |
| --- | --- | --- |
| □ | Certified/notarized copy of photo identification providing for full name/names used |  |
| □ | Original or certified/notarized copy of a document providing evidence of permanent address including postcode (i.e. utility bill not to be more than 3 months old) |  |
| □ | Financial Letter of Reference (original copy on letterhead addressed to AMS and signed) |  |
| □ | Professional Letter of Reference (original copy on letterhead addressed to AMS and signed) |  |
| □ | Completed Application Form |  |

**Corporate Clients, Director(s) and Shareholder(s)**

|  |  |
| --- | --- |
| □ | Original or certified/notarized copy of the Certificate of Incorporation |
| □ | Original or certified/notarized copy of the Certificate of Good Standing |
| □ | Original or certified/notarized copy of the Memorandum and Articles of Association or By-Laws |
| □ | Original or certified/notarized copy of Register of Members |
| □ | Original or certified/notarized copy of Register of Officers/Directors |
| □ | Identification of at least 2 directors in keeping with the individual due diligence requirements |
|  |  |

**For Beneficial Owner(s) of a Corporate Entity**

In the event that the beneficial owner of a corporation is another **corporation**, the following documentation should be collected:

|  |  |
| --- | --- |
| □ | Original or certified/notarized copy of the Certificate of Incorporation and Good Standing |
| □ | Identification of at least 2 Directors in keeping with individual due diligence requirements |
| □ | Original or certified/notarized copy of the Memorandum and Articles of Association or By-Laws |
| □ | Original or certified/notarized copy of Register of Member |
| □ | Original or certified/notarized copy of Register of Officers |
| □ | Original or certified/notarized copy of Register of Directors |
|  |  |

**Trust Entities**

In the event that the beneficial owner of a corporation is a **trust** the following documentation should be collected:

Identification on the Settlor, Grantor or other individual(s) who funded the Trust or who will be financing or directing the structure (e.g., Trustees, Protectors and Enforcers) and in some cases, the beneficiaries, all in accordance with those requirements in keeping with the individual due diligence requirements as listed above.

|  |  |
| --- | --- |
| □ | Certified/notarized copy of the Trust Deed which enables the FSP to verify that instructions received from the Trustees are consistent with those maintained in the Trust Deed and provides for verification of relevant signatures as appropriate |
| □ | Copy of recent audited financial statements or statement of current assets (if available) |
| □ | Copy of Power of Attorney, if any, given by the Trustees in relation to the Trust |
| □ | Evidence of the signatories of the Trustees’ bank account |
| □ | Professional reference on the Trustees, if not a regulated entity |
| □ | Identity of underlying entities as appropriate to the type of entity, such as a protector, individual providing trustee services. |

**Limited Partnership / Unincorporated Company Clients**

In the event that the beneficial owner is a **limited partnership or unincorporated company** refer to the requirements listed below under “Limited Partnership or Unincorporated Company”.

|  |  |
| --- | --- |
| □ | Original or certified/notarized identification of at least two partners/controllers (one being the general partner) and/or authorized signatories in line with the requirements for individual clients |
| □ | Original or certified/notarized evidence of the trading address of the business |
| □ | Copy of the latest set of accounts (audited where applicable) |

NOTES:

Eligible Introducer

The entity or individuals may not need to provide the above documentation to AMS if they are introduced by a regulated or approved entity. The acceptance of that entity as an eligible introducer will be at the discretion of AMS.

A document can be certified as a true and accurate copy of the original by a professional person such as a lawyer or accountant, notary public, judicial officer, senior public officer, government official or a director / manager of a regulated entity. The certifier should include their name, signature, date, occupation and contact details. Certified documents should not be more than 3 months old.

**Reference Letters**

A *professional reference* should be based on the following guidelines:

* Person writing reference must not be a family member;
* Applicant must be known to person writing the reference for a period of at least two years and the nature of the relationship must be disclosed;
* The person writing the reference must be independent, without a vested interest in the acceptability of the reference, i.e., letters from employees of the applicant who worked under their influence are not acceptable;
* The reference letter must be signed and indicate a contact name and address;
* The reference should address one or more of the following: the applicant’s honesty, integrity, reputation, competence and capability.

The staff member receiving the reference should seek to verify the standing of the referee, if possible, using some of the same techniques as performed in verifying a Third Party Introducer. Once a reference has been verified, staff should document on the reference the date the reference was verified, the party with whom they spoke and their initials.

A *financial reference* should:

* State whether the account has been satisfactorily maintained;
* State duration of relationship, (must be at least three years); and
* Be on institution letterhead.

If the reference is an original received directly from the financial institution, there is no need to verify its genuineness. Otherwise, staff should attempt to verify the contact information through independent means (such as a search of the Internet for the company’s website or through an international telephone directory), the success of which will be documented in the due diligence file.

The referee should be contacted using the number obtained by this independent means to ensure that an individual has not created a fraudulent reference with a telephone number within their control. Once verified, staff should document on the reference the date the reference was verified, the party with whom they spoke and their initials.

**Whenever possible all reference letters should be addressed to AMS Corporate Services (Cayman) Ltd., Governors Square, PO Box 30746, Seven Mile Beach, Grand Cayman, KY1-1203, Cayman Islands**