Caribbean Management Services Limited

Application Form

TCI ORDINARY COMPANY

Please refer to the Note on Client Identification Requirements before completing this form. (If there is insufficient space please attach annexes)

1. Applicant for business (applicant w	ill automatically become an A	Authorized Party)
Full name		
Contact Telephone #		
Contact Fax #		
Contact Email address		
2. Proposed Name of Company		
Choice #1		_
Choice #2		
Choice #3		
4. Amount of the Company's Nominal of The standard authorised capital for an shares of US\$1.00 each. If this will be strequirements)	n ordinary company is US\$50, suitable please answer " Stand	,000.00, divided into 50,000 ordinary dard"; if not please provide details of
5.All shareholders and beneficial ownershareholder.	ers, (if different); and the nun	nber of shares to be issued to each
Full name (Write name as you would like it to be read on Company Register.)	Shareholder or Beneficial Owner	If Shareholder, # of shares to be issued or transferred.

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6.All Directors and Officers

(There must be at least one named director and a company secretary; however, these individuals can be one of the same persons.).

Full name (Write name as you would like it to be read on Company Register.)	Office Held: (e.g. Director, Secretary, or if other	er please be specific.)
7.Any Authorised Party other Party)	er than the applicant named in section 1 above	e. (There can be only one Authorised
Full Name		
owners and sharehold applicable. Please complete an application documents	ent Services Limited's "Identification Require	outhorized party when
	he above information is true and accurate and as Limited to proceed to incorporate an ordinary	
Signed:	Date:	, 20
Name: Applic	cant/Authorised Party	