

Nautical Management Services Limited
9 St. Mary's Street, P.O. Box 2615
St. John's, Antigua, B.W.I.
Telephone: (268) 562-1378
Facsimile: (268) 562-0232
Email: nmt@candw.ag

**APPLICATION FOR FORMATION OF AN
INTERNATIONAL BUSINESS CORPORATION FOR SHIP & YACHT
REGISTRATION**

The information in this document, if complete, will enable Nautical Management Services Limited to promptly file Articles of Incorporation and any other necessary documentation to form your International Business Corporation.

1. Proposed name of Company _____
(Please give a preferred name and
two alternates) _____

Proposed names are to end in Company or Limited or Company Limited

2. Do you wish the preferred name to be reserved? Yes _____ No _____

3. Main type of business the Company carries on or proposes to carry on:

4. (a) **Articles of Incorporation & By Laws**
Standard Shipping – for bareboat chartering of

or permanent registration of

(b) Capitalization. No minimum requirement. For most purposes, a company with an authorized capital of US\$10,000.00 divided into 10,000 shares of US\$1.00 par value share is sufficient.

(c) Authorised capital US\$ _____
(please indicate dollar amount)

(d) Par value of shares US\$ _____

(e) Shares to be issued on incorporation. Please give the names of those to whom the shares are to be issued, and the number of shares each person is to receive.

Name and Address

Number of shares each

5. **Position(s) to be in the Company. Is this shareholder to be a director? Please tick:**

Yes: _____ No: _____

The Company does not have to have more than one director. If you wish any officers (President, Secretary, Managing Director, etc.) please indicate which office you wish them to hold: (Secretary will be provided by Nautical Management Services Limited unless otherwise specified)

President: _____ Secretary: _____

6. **Directors: Please give the names, addresses, occupation and nationality of those who are to be directors of the Company.**

Name Address Occupation Nationality (Citizenship)

7. **Please indicate if you wish any of the following to be provided by Nautical Management Services Limited (NMSL) and we will provide the necessary services.**

Nominee shareholder(s) Yes _____ No _____

Director(s) Yes _____ No _____

Registered Office
(a Registered Office in Antigua is required) Yes _____ No _____

Registered Agent
(a Registered Agent is required) Yes _____ No _____

Company management and secretarial services Yes _____ No _____

8. **Where the company will be operating from:**

9. **Original documents to be forwarded by: Airmail _____ Courier _____**

10. **Address to which invoices, correspondence should be forwarded including telephone and telefax numbers:**

11. **Instructions from:
(Name, Address Telephone and Telefax of persons giving instructions)**