

9. Date of Birth _____
Day Month Year

10. Place of Birth _____

11. Social Security Number _____

12. Passport No. _____
(Please provide copies of relevant pages)

13. Criminal Offences:

Has the client or any company of which he/she has been a Director, or Officer ever been convicted of any criminal offence? YES/NO

If Yes, please give full details on separate page.

14. Has the client or any company of which he/she has been a Director, or Officer within the last ten years ever gone into creditor's liquidation or been obliged to compound with creditors? YES/NO

If Yes, please give full details on separate page.

15. Is the client currently being investigated by or involved in litigation with the Internal Revenue Service, or other tax authorities in any jurisdiction, or any other Government Agency? YES/NO

I, _____ the undersigned, have read and understand the above and declare that the information given herein is true and correct.

Signature

Date

II.

COMPANY INFORMATION

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 Antigua and Barbuda Company under the Companies Act 1995.

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 _____
(\$50.00 for name search and reservation of name)

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

4. (a) Capitalization. For most purposes, a company with an authorised capital of \$10,000.00 divided into 10,000 common shares of \$1.00 is sufficient.

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

Name & Address

Number of shares

<u>Name & Address</u>	<u>Number of shares</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please give the names, mailing address and occupation of those who are to be directors of the Company. A minimum of 1 and a maximum of 7 directors are allowed.

Name , Mailing Address and Occupation of Directors

6. Position(s) to be held 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, and it need not have *any* officers. If you wish to be an officer (President, Secretary, Managing Director, etc.) please indicate which office you wish to hold: _____

7. Please indicate if you wish any of the following, and we will provide the necessary documentation:

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

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

Company management and secretarial services Yes _____ No _____

8. If you wish the Company to open a bank account, please complete the following:

Name of Bank Name of Contact

Street State Country

Telephone: _____ Facsimile: _____ E-mail _____

9. Please indicate on whose signature(s) the bank account (if required) will be operated.

Name (printed)

Signature

Name (printed)

Signature

Please return or fax to:

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
E-mail: nmt@candw.ag