



# Company Formation Questionnaire

1. **Proposed Company Name** (please give 3 names in order of preference)


2. **Preferred Jurisdiction** (e.g. BVI, Guernsey, Anguilla, Seychelles)

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3. **Proposed purpose, nature and company activity** (please provide a basic outline of the company's purpose, nature and activities)

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4. **Estimated Annual Turnover (1) Countries of Business (2) and number of debits and credits expected over the Bank account per month (3)**

(1)

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(2)

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(3)

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5. **Proposed company assets** (please provide full details of any assets and value which is known that the Company will acquire in the future)

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6. **Share Capital:**

Currency

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Authorised

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Issued

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Par Value

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**7. Shareholders**

For confidentiality reasons Richmond Fiduciary Group will generally supply corporate Nominee Shareholders to hold shares to your order.

In this regard the shareholders should be listed below and confirmation of CDD should be acknowledged:

Name:	<input type="text"/>	Percentage held:	<input type="text"/>	Full CDD received	<input type="checkbox"/>
Name:	<input type="text"/>	Percentage held:	<input type="text"/>	Full CDD received	<input type="checkbox"/>
Name:	<input type="text"/>	Percentage held:	<input type="text"/>	Full CDD received	<input type="checkbox"/>
Name:	<input type="text"/>	Percentage held:	<input type="text"/>	Full CDD received	<input type="checkbox"/>

Please note that each shareholder, listed above, will be required to complete a Client Profile Form.

Please tick this box if Nominee Shareholders are not required

**8. Directors**

Richmond Fiduciary Group to provide (please tick box)

If other Directors are to be appointed then full CDD is required:

Name:	<input type="text"/>	<input type="checkbox"/>	Full CDD received
Name:	<input type="text"/>	<input type="checkbox"/>	Full CDD received
Name:	<input type="text"/>	<input type="checkbox"/>	Full CDD received
Name:	<input type="text"/>	<input type="checkbox"/>	Full CDD received

**9. Secretary**

Richmond Fiduciary Group to provide (please tick box)

If another Secretary is to be appointed then full CDD is required:

Name:	<input type="text"/>	<input type="checkbox"/>	Full CDD received
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**10. Registered Office**

Richmond Fiduciary Group to provide (please tick box)

Other (please provide full details and CDD) (please tick box)

**11. Auditors**

Where there is either a statutory requirement or where an audit is considered appropriate, Richmond will appoint local Auditors unless specifically instructed otherwise.

**12. Accounting**

Richmond Fiduciary Group are required by local regulations to prepare Annual Accounts of all Companies that we manage. Please provide guidance, in respect to these accounts, as detailed below:

(a) Preferred accounting currency      Sterling       Euro       US\$

(b) Preferred accounting year end      \_\_\_\_/\_\_\_\_/\_\_\_\_

**13. Special instructions/notes**

**14. Declaration**

I/We confirm that information supplied by me/us and contained above is true and accurate.

I/We hereby declare that I/we are financially solvent at the date hereof and that such assets do not in any way represent the proceeds of crime or money laundering, which for this purpose means arising as a result of any crime committed in any jurisdiction.

I/we confirm that I/we shall meet the costs of establishment of the Company and initial annual/domiciliary fees as outlined in the Terms of Business, details of which are available to view at [www.richmondgroup.uk.com](http://www.richmondgroup.uk.com), and it is confirmed that these terms and conditions may change from time to time. Furthermore, I/we note that administration fees in respect of Company management may be charged on a time spent basis and that fees will be charged for the preparation of Annual Financial Statements and confirm that all costs shall be met directly from the Company Bank accounts and if insufficient liquid funds are available to do so, I/we shall meet such costs as and when arising together with the costs of any disbursements incurred in connection with the Company undertakings.

In requesting the above-mentioned facilities I/we shall provide appropriate verification documents as a means of formal identification and proof of residential address. I/we also confirm that I/we have been recommended to seek independent professional advice in respect of entering into the above-mentioned arrangements and that I/we are not contravening any tax laws whatsoever that I/we are aware of. I/we also acknowledge that no tax advice has been offered by, or received from Richmond Fiduciary Group and I/we indemnify, release and discharge Richmond Fiduciary Group, its agents, directors, officers and the directors and officers of its agents and each of them and their respective successors, assigns, heirs and personal representatives entirely in respect to any tax consequences whatsoever which may affect the Company, or the beneficial owner(s) in respect to the creation and administration of the Company.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_