

Company Application Form – Registered Agent/Office

(for completion by the person(s) wishing to establish an Isle of Man limited company with Cayman National as Registered Agent and/or Registered Office ONLY)

I/we (the “Beneficial Owner(s)”) request that Cayman National Trust Company (Isle of Man) Limited (“Cayman National”) arrange on my/our behalf for an Isle of Man company (“the Company”) to be established with the name requested below.

Please complete this form in BLOCK CAPITALS and tick where necessary.

SECTION 1: COMPANY DETAILS

Proposed name of Company

Alternative choice of name (where preferred choice not available)

Type of company required
(please select one option per section)

1931 Companies Act

Private Limited Company

2006 Companies Act

Public Limited Company

Authorised Share Capital

Please state the amount of Authorised Share Capital. The most common level for 1931 Act companies is 2,000 x £1 Ordinary Shares, as above this level additional duty becomes payable. NB: There is no requirement to have an authorised capital for a 2006 Act company

Number of shares

Denomination, e.g. £1 Ordinary Shares

Issued Share Capital

Please state the total number of ordinary shares to be issued upon incorporation (minimum of 1 for a private limited company and 2 for a public limited company)

Please set out below who the shareholders of the Company will be and their full name(s)

Name of shareholder

Number of shares

Name of shareholder

Number of shares

Name of shareholder

Number of shares

Do you wish the shares to be held in the name of Cayman National Nominees Limited, on behalf of the Beneficial Owner(s)?

Yes

No

Note: For each person/entity identified above please also complete the Key Person(s) section of this application form in Section 4. In addition, unless the shares in the proposed Company are to be held direct by the Beneficial Owner(s), please provide an ownership structure chart with this application (see also Section 2 ‘Company Officers and Ownership’ below).

If you require an alternative capital/ownership structure please set out your requirement below

Registered Office

Do you wish Cayman National to provide a Registered Office service?

Yes

No

If No please provide the name and address of the Company’s proposed Registered Office in the Isle of Man.

Postal/ZIP Code

Cayman National Trust Company (Isle of Man) Limited
 Cayman National House 4-8 Hope Street Douglas Isle of Man IM1 1AQ British Isles
 T +44 (0)1624 646901 F +44 (0)1624 662192 fiduciary@caymannational.im www.caymannational.im

Member of the Republic Financial Holdings group of companies. Registered in the Isle of Man No: 131302C

VAT No GB 000 717 527

Cayman National Trust Company (Isle of Man) Limited is licensed by the Isle of Man Financial Services Authority.

SECTION 2: COMPANY OFFICERS AND OWNERSHIP
Beneficial Ownership
Please complete as applicable

Please provide the full name(s) of the legal person(s) who will be the ultimate Beneficial Owner(s) of the Company and, where more than one, their respective share of ownership.

<i>Full name(s)</i>	<i>Ownership (%)</i>
Total	

Note: For each person identified above please also complete the Key Persons section of this application form in Section 4. In addition, unless the shares in the proposed Company are to be held by the Beneficial Owner(s) direct, please provide an ownership structure chart with this application.

Completed Beneficial Ownership structure chart enclosed?

Yes

No

Company Direction, Management and Control
Please complete as applicable

Please provide the full name(s) of the legal person(s) who will be the initial director(s) and Company Secretary (where applicable) of the Company and/or any person(s) authorised to act of the Company's behalf or who exercise(s) control over the Beneficial Owner(s), the Company's activities and its director(s)/employee(s) (where applicable)

<i>Full name(s)</i>	<i>Role (e.g. director, agent)</i>

Note: For the person(s) identified above please also complete the Key Persons part of this application form in Section 4.

Other Requirements
Please complete as applicable

Please note that the following documents must be maintained and held at the office of the Registered Agent (where a Registered Office only service is provided please provide this information at least annually, or where a prior change occurs):

- the Company's register of members;
- the Company's register of directors;
- the Company's register of charges;
- copies of all notices and other documents filed by the company pursuant to the Companies Act 2006 in the previous 6 years;
- the originals of any financial statements; and
- originals or copies of any accounting records which must be remitted to the Registered Agent not less than annually.

Minutes & Resolutions (Registered Agent ONLY)

A record must be maintained of minutes of meetings and resolutions of members and directors. If these records are not to be held at the office of the Registered Agent please advise where they will be physically held.

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SECTION 3: COMPANY ACTIVITY AND ASSETS
Purpose and Nature of Company
Please complete as applicable

Please state the purpose of the Company and the anticipated nature of its business activity (e.g. property holding, private investment, holding company, trading entity)

Please indicate in which jurisdictions/countries the Company will operate and/or enter into business or contractual relationships

Please detail what assets, if any, are to be acquired by the Company and their current market value (if applicable)

Description of asset being acquired by the Company, e.g. cash, property, investments, etc.

*Market value
(£'000)*

	£
	£
	£
Total value of assets being acquired	£

Please describe how you propose to fund the assets being acquired by the Company, e.g. commercial loan, share subscription, shareholder loan, lease arrangement, etc.

Where the funding is from a non-commercial source please give full details of its origin, including how acquired, e.g. investment in property, shareholder earned income/personal borrowings, profit on disposal of a business, etc

Please detail the source of funding for each beneficial owner's share subscription and/or any loans made to the Company

Beneficial owner(s)

Funding Source

Amount (£)

		£
		£
		£
Total value of share subscriptions/loans		£

What is the estimated annual turnover of the Company (please select one option)

Up to £25,000

Between £100,001 and £250,000

Between £25,001 and £100,000

Over £250,000

If Over £250,000 please enter amount of expected annual turnover

£

SECTION 4: KEY PERSONS
Notes for Completion

For each Beneficial Owner, director, Company Secretary (where applicable), controller or person authorised to act on behalf of the Company identified in Section 2 above please complete a Key Person questionnaire below. It is a legal and regulatory requirement that we properly identify the individuals owning, managing or controlling each company that we offer Registered Agent and/or Registered Office services to. In addition, for each Beneficial Owner, we seek to understand his/her business background and source of wealth and request a resume of his/her business experience to assist us in complying with our legal and regulatory responsibilities.

Cayman National reserves the right to decline applicants where information requested has not been provided and/or where the information supplied is insufficient for it to meet its legal and regulatory obligations.

We are obliged under various international agreements (collectively "the Agreements") entered into by the Isle of Man in relation to the automatic exchange of information for tax matters and under the relevant regulations and guidance notes made in furtherance of such Agreements (collectively "the Regulations") to collect and, in some instances, share with the relevant tax authorities' certain information about clients' tax arrangements and in relation to their activities with us. To comply with our obligations, we require all persons' party to a Company to complete a Cayman National 'Individual Self-Certification' form.

Key Person 1
Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number

Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes please detail nature of relationship below

Key Person 2
Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number

Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes please detail nature of relationship below

Key Person 3
Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>

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Postal/ZIP Code		National Insurance Number (UK only)	
Country of Tax Residence ^{See below}		Tax ID Number	
Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number			
<input type="text"/>			
Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes please detail nature of relationship below			
<input type="text"/>			

Key Person 4
Please complete as applicable

Title (Mr, Mrs, Miss, etc.)		Surname	
First Name(s)		Former Names (e.g. maiden name)	
Tel. Number		Date of Birth	DD/MM/YYYY
Email Address		Place of Birth	
Residential Address		Passport Number	
		Place of Issue	
		Nationality	
Country		Country of Domicile	
Postal/ZIP Code		National Insurance Number (UK only)	
Country of Tax Residence ^{See below}		Tax ID Number	
Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number			
<input type="text"/>			
Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes please detail nature of relationship below			
<input type="text"/>			

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SECTION 5: OTHER DETAILS
Professional Advisors
Please complete as applicable

Please provide details of your preferred/current Investment Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Please provide details of your Tax Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Banking
Please complete as applicable

Where the Company has the requirement for a bank account we can introduce you to Cayman National Bank and Trust Company (Isle of Man) Limited. If you would prefer that an account be opened with an alternative bank and wish Cayman National to co-ordinate the submission of an account application on your behalf please provide details of your preferred choice of Bank below.

Name of Bank

Contact Person

Tel. Number

Email Address

Branch Address

Country

Postal/ZIP Code

Please indicate below in which currencies you wish the Company to maintain accounts

Financial Reporting
Please complete as applicable

Please provide details of who will produce the Company's financial statements and tax returns and arrange to provide a copy of the Company's accounting records to us, at least annually.

Name of Firm	<input type="text"/>	Contact Person	<input type="text"/>
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>
Address			
<input type="text"/>			
		Postal/ZIP Code	<input type="text"/>

Due Diligence and Additional Information Requirements
Evidence of Identity

A certified copy of the Passport for each Beneficial Owner, controller, director, Company Secretary (where applicable) or other interested party should be provided to Cayman National at the time of this application. The certifier must sign and date the copy document, clearly printing his/her name in capitals underneath and indicating his/her qualification/position/capacity and contact details. The certifier should state that the document is a *true copy of the original*.

Evidence of Residential Address

A certified copy of a current (i.e. not more than 6 months old) utility bill, rates bill or bank statement evidencing the individual's private residential address should be provided for each Beneficial Owner, controller, director, Company Secretary (where applicable) or other interested party to Cayman National at the time of this application. The certifier must sign and date the copy document, clearly printing his/her name in capitals underneath and indicating his/her qualification/position/capacity and contact details. The certifier should state that the document is a *true copy of the original*.

Suitable Certifiers

Suitable persons to certify evidence of identity include:

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a company secretary who is a member of a recognised professional body;
- a director, company secretary or manager of a business regulated in the Isle of Man or an external regulated business as defined in the Code

Covering Letters/Documents of Certification

The certifier may complete a covering letter or document provided it is attached to the copy identification document(s), i.e. the certification is not written on the copy identification document itself, as long as the covering letter or document contains the information specified in the paragraph above, and it is clear in the letter itself that it refers to the attached document beyond any doubt.

Tax Self-Certification Form

As part of our commitment to meet internal standards for the automatic exchange of information for tax matters we require each Beneficial Owner, controller, director, Company Secretary (where applicable) or other interested party to complete a Cayman National Individual or Entity Self-Certification form (as appropriate).

Evidence of Source of Wealth/Funds

As part of our commitment to assist in the detection and prevention of all crime (including money-laundering, the financing of terrorism and tax evasion) we will request details from you about the source of your wealth/funds and, specifically, your business background and the source of any assets being acquired by the Company. Considerable delays may be experienced in incorporating the Company where this information is not provided at the outset. Given the variety of circumstances that might apply it is not possible to give definitive instruction about what constitutes satisfactory evidence of wealth/funds. However, we would encourage you to discuss your application as soon as possible with a Cayman National relationship manager, who will be pleased to provide guidance.

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SECTION 6: DECLARATIONS AND CONFIRMATION**Important Note**

Cayman National and its personnel expect to be fully indemnified by the Beneficial Owner(s) in respect of services provided and actions taken in relation to the Company. The Beneficial Owner(s) will be required to enter into appropriate legal engagements in connection with the incorporation and provision of Registered Agent/Registered Office services to the Company, as well as confirming agreement to the Standard Terms of Business governing the management of the Company.

Where the Beneficial Owner(s) intend(s) to provide instructions by telephone or facsimile, an indemnity must be signed. Where the Beneficial Owners(s) request(s) that Cayman National acts on the instruction of an agent, both the agent and the Beneficial Owner will be required to sign an indemnity.

Potential clients are recommended to take professional legal and taxation advice relevant to their personal circumstances and to their own jurisdiction prior to commencing any form of business relationship with Cayman National. Cayman National does not provide such advice directly but can assist clients to obtain independent professional advice if necessary.

Cayman National applies strict “know your customer” checks and procedures in accordance with all relevant regulatory and anti-money laundering legislation and in codes.

Accordingly, professional references, along with independently certified copies of identification documents (as detailed above) are required for all new clients. A detailed understanding of the purpose and background to the establishment of any offshore structure is required (as detailed above).

If Cayman National is requested to accept instructions from an agent, Cayman National will contact the agent to request references and a certified copy of his/her passport as if he/she was the Beneficial Owner. Acceptance by Cayman National of the agent as being a suitable party from whom to accept instructions will be subject to the same due diligence procedures as for the Beneficial Owner(s) and may require completion of the self-certification documents.

Cayman National reserves the right to request any additional documentation it considers necessary to determine the bona fides of any transaction. Failure by a client to provide adequate supporting documentation in respect of any significant transaction may result in the relationship being closed and appropriate reports filed with the relevant regulatory and anti-money laundering authorities.

Declarations*Please sign where indicated below*

This declaration must be signed by the Beneficial Owners(s) prior to the commencement of incorporation procedures.

I/we confirm that the above information is true and complete and I/we hereby request Cayman National to commence the procedure leading to the incorporation of a company on my/our behalf.

I/we confirm that I/we have read and understood the Standard Terms of Business and the Important Notes above.

I/we agree that the company responsibility fee will be charged annually in advance and additional charges, representing specific additional services and the cost of time spent administering the Company in accordance with Cayman National's Schedule of Fees and Charges, will be charged from time to time in arrears.

I/we further understand that any quoted fees will be reviewed on an annual basis and any alterations will be discussed and agreed between ourselves. Notwithstanding this point, we understand that fees may be reviewed from time to time in light of prevailing circumstances.

I/we agree to notify Cayman National of any changes to the Company's registers and to provide a copy of the Company's financial records at least annually.

I/we confirm that I am/we are the Beneficial Owner(s) of the Company and hereby certify the following:

1. That in arriving at my/our decision to incorporate the above Company, I/we have not relied upon any statement made by, or in the name of, Cayman National or any director or employee of Cayman National.
2. That I/we have been advised by a representative of Cayman National that:
 - a. Cayman National is not able to give me/us tax or legal advice regarding the Company;

Declarations (continued)
Please sign where indicated below

- b. I/we acknowledge that Cayman National may be required to disclose information (the “Information Exchange”) concerning the Beneficial Owner(s) and/or controlling person(s) and/or the assets of the Company. Such information may be reported to the USA under the terms of the Foreign Accounts Tax Compliance Act (“FATCA”) and to the United Kingdom and other various countries under the terms of the Common Reporting Standard (“CRS”) as developed by the Organisation for Economic Co-operation and Development.
3. I/we hereby confirm that in relation to the Information Exchange a self-certification form has been provided to Cayman National in respect of each and every Beneficial Owner, controller or non-Cayman National director of the Company.
4. I/we hereby declare that I am/we are not currently insolvent and that I/we are not seeking to hinder, delay or defraud any creditors, or engage in any illegal conduct and that I am not engaging Cayman National to facilitate or otherwise engage in such conduct.

	<i>First signatory</i>	<i>Second signatory (if applicable)</i>
Signature	<input type="text"/>	<input type="text"/>
Name <i>(please print)</i>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

If signing on behalf of a corporation please also provide the following

Your signing capacity	<input type="text"/>	<input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>

	<i>Third signatory (if applicable)</i>	<i>Fourth signatory (if applicable)</i>
Signature	<input type="text"/>	<input type="text"/>
Name <i>(please print)</i>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

If signing on behalf of a corporation please also provide the following

Your signing capacity	<input type="text"/>	<input type="text"/>
Name of company	<input type="text"/>	<input type="text"/>

June 2019