



**Client Application  
International Business Company (Bahamas)**

**I/We hereby instruct Aegis Corporate Services Limited (“ACSL”) to incorporate an International Business Company (“the Company”), in accordance with the following details:**

1. Name of beneficial owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Address of beneficial owners: \_\_\_\_\_  
\_\_\_\_\_

3. **Email Address:** \_\_\_\_\_

4. **Telephone:** \_\_\_\_\_

5. Referred by: \_\_\_\_\_

6. Jurisdiction: \_\_\_\_\_

7. Please provide 3 choices of names for the company:  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

**8.** Purpose for Company Formation:

- Own Vessel – Country of Registration \_\_\_\_\_
- Own Aircraft – Aircraft Country Registration \_\_\_\_\_
- Own Real Estate – Country of Property Location \_\_\_\_\_
- Own Bank Account – Name/Address of Institution \_\_\_\_\_
- Own Investment Portfolio – Name/Address of Institution \_\_\_\_\_
- Hold Trust Assets – Trust Name \_\_\_\_\_
- Investment Vehicle – (hold share in other companies, intellectual property, etc.) \_\_\_\_\_
- Other – (please describe): \_\_\_\_\_

Describe the asset that will be held by the company: \_\_\_\_\_

Please indicate the estimated value of the assets identified above: \_\_\_\_\_

Please provide detailed description of the company’s proposed business activities: \_\_\_\_\_  
\_\_\_\_\_

Please indicate where the activities of the company will take place: \_\_\_\_\_

9. Unless specified below ACSL will provide the Registered Office of the company.

\_\_\_\_\_

10. Is the company to be affiliated with any other company maintained by ACSL? (if yes, please name):

\_\_\_\_\_

11. CAPITAL STRUCTURE

Unless specified below the **authorized** share capital of the company will be US\$5,000 dollars divided into 5,000 shares of par value US\$1.00 each (this is the minimum share capital for the minimum registration fee):

\_\_\_\_\_

12. SHAREHOLDERS:

PLEASE TICK HERE IF ACSL SERVICES IS TO PROVIDE NOMINEE SHAREHOLDERS

\*OTHERWISE STATE:

<u>Names and addresses</u>	<u># of Shares</u>	<u>% Holding</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. DIRECTORS:

PLEASE TICK HERE IF ACSL SERVICES IS TO PROVIDE NOMINEE DIRECTORS

\* OTHERWISE STATE:

<u>Names and addresses</u>	<u>Nationality &amp; Email</u>
_____	_____
_____	_____
_____	_____
_____	_____

14. OFFICERS/SECRETARY (Secretary need not be a director):

PLEASE TICK HERE IF ACSL SERVICES IS TO PROVIDE NOMINEE OFFICERS

\* OTHERWISE STATE:

<u>Names and addresses</u>	<u>Officer or Secretary</u>
_____	_____
_____	_____
_____	_____

15. Name and address of company's bankers (should you wish to open a bank account):

\_\_\_\_\_

16. Please provide the names of those authorized to sign on the company's bank account

PLEASE TICK HERE IF ACSL SERVICES IS TO PROVIDE AUTHORIZED SIGNATORIES

\* OTHERWISE STATE:

17. Please confirm that the company will not carry on banking or trust business, insurance or reinsurance, or dealing or trading of securities or providing securities investment advice as defined in the Securities Industry Act, 2011:

YES  NO

18. Please confirm you have sought and received advice from a reputable tax counsel with respect to any tax reporting obligations in the jurisdiction of your citizenship and/or residency with respect to the incorporation and maintenance of a Bahamian International Business Company.

YES  NO

19. Confirm the sources that the funds are derived from:

- (i)  Salary/Personal Earnings (Please provide details of employment/earnings.)
- Loan (Please indicate name and country of bank below.)
- Inheritance (Please indicate how funds inherited were derived prior to the inheritance.)
- Sale of Assets (Please provide details of assets sold.)
- Spousal Support (Please provide details of spouse employment/earnings.)
- Other (Please provide a clear & self-explanatory description below.)

(ii) **Please confirm on the line below that all funds or other assets transferred to the company are and will be clean, cleared assets of a non-criminal origin and will not be funds or assets derived or deriving from the sale of illegal drugs, money laundering or other criminal activities:\***

(iii) **Confirm that you or any individuals listed on this form is not a Political Exposed Person (PEP):**

Yes there are PEP's  No there are no PEP's

*\*It should be noted that in accordance with the Financial Transactions Reporting Act, 2000 of The Commonwealth of the Bahamas, and all subsequent amendments to the Act, professional institutions are required to report to the Bahamian authorities any unusual or suspicious transactions relating to an account.*

20. CHECKLIST:

**Incorporation process will not be initiated until all due diligence requirements are satisfactorily met:**

- (a) Photo ID of each beneficial owner, shareholder, director/officer
- (b) Character reference on each beneficial owner, shareholder, director / officer
- (c) Professional/Bank reference (from lawyer or accountant) on each beneficial owner, shareholder, director / officer
- (d) Recent Utility Bill for each beneficial owner (for address confirmation)

\_\_\_\_\_  
Name Authorized Signature Date

\_\_\_\_\_  
Name Authorized Signature Date

\_\_\_\_\_  
Name Authorized Signature Date

\_\_\_\_\_  
Name Authorized Signature Date



## Oral, Facsimile & Electronic Message Indemnity

**THE FOLLOWING ARE MY/OUR INSTRUCTIONS REGARDING ALL ORAL, FACSIMILE AND ELECTRONIC MESSAGE COMMUNICATIONS BETWEEN ME/US AND AEGIS CORPORATE SERVICES LIMITED (“ACSL”)**

During the course of my/our affairs with ACSL you are requested and authorized, but not obligated to rely upon and act in accordance with any instruction, request which may be or purport to be given by me/us or by persons. I/We have authorized by Power of Attorney to give ACSL instructions by telephone, facsimile or electronic message on my/our behalf.

Regardless of any circumstances prevailing at the time, ACSL shall be entitled to treat such instruction, request, as an authorized instruction, request and act accordingly.

I/We understand and agree that ACSL will treat all stated manner of communication from me/us as binding upon me/us and I/We agree to indemnify ACSL against all and any loss damages and expenses that may be incurred, and I/We also understand that ACSL accepts no responsibility for acting on any instruction received from me/us or my/our representative and is therefore not liable to myself/ourselves or any third party in consequence of acting on any and all my/our instructions to ACSL.

Name	Authorized Signature	Date
_____	_____	_____

Name	Authorized Signature	Date
_____	_____	_____

**WIRE PAYMENT INSTRUCTIONS:**

Bank:	Bank of America N.A., New York Branch New York, NY
Account #:	6550619464
ABA #:	026009593
For Credit to:	Commonwealth Bank Ltd.
SWIFT:	COMWBSNS
<u>For Further Credit to:</u>	
Account Name:	Aegis Corporate Services Ltd.
Account Number:	7053846
Reference:	(Insert Company Name)

<i>(for internal use only)</i>	
Relationship Officer _____	Date _____
Compliance Officer _____	Date _____