

# COLAW (OFFSHORE SERVICES) LIMITED

## Application Form for Company Services

**Name of Company** \_\_\_\_\_

**Beneficial Owner**

Title (e.g. Mr/Mrs etc)

Given Name(s)

Family Name

Former name (if any)

Other names used

Residential address

Post/Zip Code

Telephone No

Facsimile No

E-mail address

Mobile telephone No

	1	2
Title (e.g. Mr/Mrs etc)		
Given Name(s)		
Family Name		
Former name (if any)		
Other names used		
Residential address		
Post/Zip Code		
Telephone No		
Facsimile No		
E-mail address		
Mobile telephone No		

**Identification provided**

Cert copy passport

Utility/Govt Bill

ID Card

Professional Reference

Bank/CC Statement

Other

# Company Details

Please provide a **full description of the activities** to be undertaken by the company/trust such as passive shareholding/property investment/trading etc. Please specify details any assets to be transferred to the company/trust.

Please list **details of all geographical areas** of operation.

**Estimated annual turnover**    £/Euro/US\$

**Estimated average transaction size**

Please detail the **source of the initial funds** introduced into the company such as sale of house, earned income, investment proceeds etc.

## Company Services

Below are detailed some of the facilities that Colaw (Offshore Services) Limited are able to provide. Please tick those services that you require.

- |   |                          |              |                          |
|---|--------------------------|--------------|--------------------------|
| Incorporation/Purchase of a company         | <input type="checkbox"/> | Jurisdiction | <input type="checkbox"/> |
| Transfer of company administration          | <input type="checkbox"/> | Jurisdiction | <input type="checkbox"/> |
| Non-standard Authorised and Issued Capital* | <input type="checkbox"/> |              |                          |
| Provision of registered office/agent**      | <input type="checkbox"/> |              |                          |
| Provision of directors/officers/secretary** | <input type="checkbox"/> |              |                          |

Provision of nominee shareholders\*\*\*  % Split  1  2

\* Please advise full details of required authorised and issued share capital on a separate sheet.

\*\* Please provide full details of the agent name and address. With regard to non Colaw directors, officers, secretaries and shareholders please provide a full schedule of names, addresses, certified copy passports/ID cards and proofs of residential address.

\*\*\* Please provide % split between each beneficial owner.

**Banking**

Bank account required  Preference\*

Currency £  Euro  US\$

Account Type Current  Deposit  Other

**Bookkeeping and Accounting**

VAT registration required

VAT quarterly returns

Non-Resident Landlord registration  UK property owning companies only

Accounts Statutory annual

Tax returns

Audit  Mandatory in some jurisdictions

**Business Facilities**

Colaw (Offshore Services) Limited are able, at an additional charge, to provide a range of business facilities for companies administered by them. Please indicate below if you wish to avail yourself of any of the following services.

Mail forwarding  Colaw reserve the right to spot-check mail

Telephone answering

Facsimile forwarding

Dedicated telephone/fax number

**Invoicing and Mail Delivery Instructions**

Address for invoicing  
(NB VAT will be charged when  
invoiced to an EU address)

Address for delivery of mail

Please indicate your preferred means of communication

Post

Fax

Tel /Mobile

E-mail

Courier

**Additional Notes**

Signed 1 \_\_\_\_\_ Signed 2 \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_