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# APPLICATION FOR THE FORMATION OF A COMPANY

## SECTION 1. INSTRUCTIONS FOR COMPLETING THIS FORM

Under the laws of Antigua and Barbuda, in particular, the Corporate Management and Trust Services Providers Act, 2008 as amended, it is obligatory for Nautical Management Services Limited's ("NMSL") to ask certain questions to safeguard both its own and its clients' interests. This information is required for NMSL purposes only, and will be held in the strictest confidence. Further, under the laws of Antigua and Barbuda, subject to certain exceptions, it is a criminal offence for any person to release confidential business information without clients' consent. Therefore, the information provided in this application and its supporting documents are also subject to attorney/service provider/client privilege.

To expedite your request for the registration of a trust, complete this form in **BLOCK LETTERS** and send by email or fax to the NMSL consultant assigned to you. This form must be submitted with all the requisite supporting documentation indicated in specific areas of the form. Any information provided on additional sheets must be signed and dated. Where there is a question which is not applicable, please write "N/A" beside the question. **\*Denotes that this information must be provided to NMSL.** All dates must be completed in the form: Day/Month/Year. **The signed original of this form together with the supporting documentation must be sent by mail or courier to the address provided above.** Should any assistance be required for completing this form contact the consultant assigned to you.

<b>Date of Application:</b>	
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## SECTION 2. COMPANY INFORMATION

### 2.1. TYPE OF COMPANY TO BE FORMED\*

The requirements for the Incorporation of an International Business Corporation, the Registration of an External Company and the Incorporation of a local company are very similar with a few exceptions which are noted below. Indicate by selecting one of the below type of company to be formed.

<input type="checkbox"/> International Business Corporation	International Business Corporations the proposed name must end with the words [limited, corporation, company, incorporated, ltd., corp., co., or inc. or a word or abbreviation used in another country to indicate that the liability of the shareholders or the corporation is limited ].
<input type="checkbox"/> External Company	For an external company the proposed name must be identical to name on Certificate of Registration or Incorporation of the original company.
<input type="checkbox"/> Local Company	For local companies the proposed names are to end with the words [limited, company, or company limited].

### 2.2. PROPOSED COMPANY NAME\*

Provide the proposed name of the company in order of preference. The names should follow the requirements detailed above based on the type of company to be formed.

<b>First Choice of Name:</b>	
<b>Second Choice of Name:</b>	
<b>Third Choice of Name:</b>	

### 2.3. RESERVATION OF APPROVED COMPANY NAME\*

Indicate below if you require NMSL to reserve the approved name.

<b>Reserve the approved:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**2.4. CORPORATE PURPOSE\***

In the space below, provide NMSL with information on the purpose of the proposed company as to the activities or goods to be traded.

**2.5. ARTICLES OF INCORPORATION/MEMORANDUM & ARTICLES OF ASSOCIATION**

Amendments Attached

A standard template is used to prepare the company's Memorandum and Articles of Association (By-Laws). Additions or changes to this template must be provided below or attached.

**2.6. CORPORATE DOCUMENTS\* [FOR EXTERNAL COMPANY ONLY]**

For the **Registration of an External Company**, the following corporate documents must be submitted to NMSL (if documents are not in English a certified translation in English is required). Indicate all the attachments submitted.

<input type="checkbox"/> Certificate of Incorporation Attached	<input type="checkbox"/> Articles of Incorporation Attached	<input type="checkbox"/> Memorandum of Association (if applicable) Attached
<input type="checkbox"/> By-Laws Attached	<input type="checkbox"/> Certificate of Good-Standing Attached	<input type="checkbox"/> Current Amendments Attached

**2.7. OPERATING ADDRESS\***

State the address where the company will be operating. The address must include **Street, City, State Postal Code** and **Country**.

Operating Address:

**2.8. REGISTERED ADDRESS\*[FOR EXTERNAL COMPANY ONLY]**

For the **Registration of an External Company ONLY** provide the Registered Address of the Company. The address must include **Street, City, State Postal Code** and **Country**.

Registered Address:

**SECTION 3. SHAREHOLDERS', DIRECTORS' AND OFFICERS' INFORMATION**

**3.1. SOURCE OF CAPITAL\***

Information is required on the source of funding for the proposed company which must be provided below. In addition, provide NMSL with either a certified statement of net worth or some other proof of net worth and source of wealth. *[This information must include a brief description as to the origins of wealth and the period over which the wealth was generated. Documentation must be attached to support the details provided. For example, if utilizing loans or personal funding a loan agreement must be attached or such other documents].*

The source of capital was derived from

Startup capital to be invested in the business.

\$

Source of Funds Attached

**3.2. SHARE CAPITAL & CLASS(ES) OF SHARES\***

**Capitalization. There is no minimum capital requirement.** However, a company with an **authorized capital of US\$10,000 divided into 10,000 shares of US\$1.00 par value shares is sufficient.** Provide all information on shares etc., as required below.

Authorized Capital:	US\$	Number of Shares Authorised:	
Amount of Shares to be Issued:		Number of Shares Unissued:	

Par Value Required:	<input type="checkbox"/> Yes (Par Value):	US\$	<input type="checkbox"/> No	<input type="checkbox"/> No Maximum Number
Types of Shares to be Issued:	<input type="checkbox"/> Common Shares	<input type="checkbox"/> Preferred Shares	<input type="checkbox"/> Registered Shares	<input type="checkbox"/> Bearer Shares

**3.3. SHAREHOLDERS CONNECTED TO THE COMPANY\***

Provide NMSL with the names of the beneficial owner(s) of the proposed company and the number of shares to be issued to each person. **Complete "Form A" for each individual who will be connected to the company as a shareholder. Complete "Form B" for each legal entity which will be connected to the proposed company as a shareholder.** [For an **External Company** a certified copy of the company's share register or other legal proof of beneficial ownership detailing the names of the shareholders and the amount of shares allocated to each shareholder must be submitted.]

Shareholder 1:		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Shareholder 2:		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Shareholder 3:		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

Share Register or Other Legal Proof of Beneficial Ownership Attached

**3.4. DIRECTORS CONNECTED TO THE COMPANY\***

Provide NMSL with the names of the directors who will be connected to the proposed company. If NMSL is not providing professional director services additional information will be required on the proposed directors connected to the proposed company. However, **the company is not required to have more than one (1) director. Complete "Form A" for each individual who will be connected to the proposed company as a director or complete "Form B" for each legal entity which will be connected to the proposed company as a director.**

Director 1:			<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Director 2:			<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Director 3:			<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

**3.5. OFFICERS CONNECTED TO THE COMPANY**

Provide NMSL with the names of the officers to be connected to the proposed company. However, **the proposed company is not required to have any officers. If the proposed company will have officers (President, Secretary, Managing Director, etc.) please indicate below. NMSL will provide Secretarial services if a company secretary is not identified below.**

Officer 1:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Officer 2:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Officer 3:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

**SECTION 4. MANAGING AGENT**

**4.1. APPOINTMENT OF A MANAGING AGENT**

NMSL will only accept instructions signed by the beneficial owner(s) and/or directors of the proposed company to be formed unless a **Managing Agent** is appointed to provide instructions. Indicate if a managing agent will be appointed.

Managing Agent Appointed:  Yes  No

**4.2. MANAGING AGENT INFORMATION**

Provide NMSL with the name of your managing agent. **Complete "Form A" if the Managing Agent is an individual. Complete "Form B" if the Managing Agent is a company.**

Managing Agent's Name: \_\_\_\_\_

Form A Attached  Form B Attached

**SECTION 5. MAILING ADDRESS FOR CORRESPONDENCES AND INVOICES****5.1. MAILING AND EMAIL ADDRESSES\***

Indicate the mailing and email addresses and fax numbers for correspondences and invoices. The mailing address must include **Street, City, State Postal Code** and **Country**. Indicate the contact person below.

Mailing Address:	
Email Address:	
Fax Number:	
Contact Name:	

**5.2. FORWARDING OF ORIGINAL DOCUMENTS\***

Indicate the method by which all original documents will be forwarded.

Airmail  Courier

**SECTION 6. PAYMENT INFORMATION****6.1. NMSL'S WIRE TRANSFER DETAILS\***

First Caribbean International Bank  
 Instructions to: Wells Fargo Bank, New York  
 SWIFT CODE: PNBPU3NNYC  
 ABA Code: 026005092  
 For credit: First Caribbean International Bank  
 SWIFT CODE: FCIBAGAG  
 Account Number: 2000192005487  
 For further credit to Nautical Management Services Ltd  
 Account No. 041-1615251

**BANK CHARGES SHOULD NOT BE DEDUCTED FROM AMOUNT PAYABLE**

**6.2. CLIENT'S DETAILS TO ACCOMPANY WIRE TRANSFER PAYMENT\***

Person/Company making transfer: *	
Bank from which transfer was sent: *	
Date of Transfer: *	
Invoice Number: *	

**SECTION 7. DECLARATION****7.1. TO BE SIGNED BY THE PERSON REQUESTING THE SERVICE\***

The below declaration must be signed by the beneficial owners or someone appointed by the beneficial owners. A completed "Form A" must be submitted to NMSL if this is an individual or a "Form B" if this is a company.

**7.2. DECLARATION\***

I declare that my signature below confirms that I am authorized to sign this document and the one requesting NMSL to form this company. I have read and agree to be bound by NMSL terms of business. I declare that all the information provided with and within this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I declare that the person named in **Section 4** above is hereby appointed as my Managing Agent to act on my behalf in the formation of this company.

Authorized Name:			
Signature:		Date:	
<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached	<input type="checkbox"/> NMSL Professional Indemnity Agreement Attached	

## SECTION 8. ADDITIONAL CORPORATE SERVICES

### 8.1. COMPANY DOCUMENTATION SERVICES

Indicate below any additional services, documentation or legalized copies of documents. Please note that the cost of certified, notarized or legalized documents is not included in the original quotation. Your consultant will provide the additional charges.

<b>Certificate of Incorporation</b>	<input type="checkbox"/> Certified	<input type="checkbox"/> Notarized	(Number of Copies)	
<b>Memorandum &amp; Articles of Association</b>	<input type="checkbox"/> Certified	<input type="checkbox"/> Notarized	(Number of Copies)	
<b>Certificate of Incumbency</b>	<input type="checkbox"/> Certified	<input type="checkbox"/> Notarized	(Number of Copies)	
<b>Notice of Directors</b>	<input type="checkbox"/> Certified	<input type="checkbox"/> Notarized	(Number of Copies)	

### 8.2. BANKING SERVICES

Do you require NMSL to assist with Bank Account Opening?		<input type="checkbox"/> Yes (provide additional information below).	<input type="checkbox"/> No
(a) Type of account.	<input type="checkbox"/> Current/Checking	<input type="checkbox"/> Call Deposit	<input type="checkbox"/> Fixed Deposit
(b) Preferred location of bank account.			

### 8.3. OTHER CORPORATE SERVICES

Indicate below any additional services required and the consultant assigned to you will provide further information.

1. <b>Registered Office Services [A Registered Office in Antigua is required]</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. <b>Registered Agent Services [A Registered Agent in Antigua is required]</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. <b>Director Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. <b>Nominee Director(s) Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. <b>Nominee Shareholder(s) Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. <b>Secretarial Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. <b>Company Management Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. <b>Ship Registration Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. <b>Trust Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. <b>Foundation Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. <b>Yacht Registration Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. <b>Other Services</b>		