



Completion of this form is necessary to facilitate Hilda Loe Associates in performing the service(s) you require. Once signed, this form becomes a legally binding contract, for this reason, Hilda Loe Associates's Terms and Conditions should be reviewed first. Please email (ops@hildaloe.com) or fax completed form to (SIN) 65 6722 0646.

*Hilda Loe Associates reserves the right not to onboard potential clients that do not provide us with the documents or information necessary for compliance duties with regards to this order form.

ORDER FORM FOR OFFSHORE COMPANY FORMATION

Part A: Company Information & Services Required

* In which jurisdiction would you like to incorporate your offshore company? (Check one)

1.	Anguilla <input type="checkbox"/>	British Virgin Islands <input type="checkbox"/>	Belize <input type="checkbox"/>	Cook Islands <input type="checkbox"/>
	Delaware LLC <input type="checkbox"/>	Delaware Corporation <input type="checkbox"/>	Marshall Islands <input type="checkbox"/>	
	Samoa <input type="checkbox"/>	Seychelles <input type="checkbox"/>	Others _____ <input type="checkbox"/>	

2	<u>Proposed Company Name (Name must end with Limited, Ltd., Inc. or Corporation)</u>
a.	
b.	
c.	

3.	<u>Name of business activities:- (Please do not indicate just Trading, be specific e.g.: Trading of Textiles)</u>

4.	<u>Geographical Area of Operation</u>	
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5a.	<u>Where Accounting Records are kept. (Please indicate full address)</u>	
5b.	<u>Where Original Register of Members & Directors are kept. (Please indicate full address)</u>	

6.	<u>Do you need HLA to provide Nominee Director and/or Company Secretary for the proposed Company?</u> <input type="checkbox"/> YES as Director - Natural Personal from Singapore (USD 575 per year) <input type="checkbox"/> YES as Director - BVI Body Corporate (USD 375 per year)
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	<input type="checkbox"/> YES as Director - Hong Kong Body Corporate (USD 485 per year) <input type="checkbox"/> YES as Director - Singapore Body Corporate (USD 485 per year) <input type="checkbox"/> To issue Power of Attorney to _____ (USD 130, witnessed by Singapore Lawyer) <input type="checkbox"/> NO, please use my director info as indicated at Part B. <input type="checkbox"/> YES as Company Secretary - BVI Body Corporate (USD 350 per year) <input type="checkbox"/> NO, please use my director info as indicated for Company Secretary as well.
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7.	- Authorized Capital (indicate currency): _____ at \$1.00 par value per share. - Total Number of Shares: _____ If left blank we will base on the standard amount for the jurisdiction involved.
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8.	Do you need HLA to provide Nominee Shareholder for the proposed Company? <input type="checkbox"/> YES as Shareholder - Natural Personal from Singapore (USD 575 per year), and to allot _____ shares <input type="checkbox"/> YES as Shareholder - BVI Body Corporate (USD 375 per year), and to allot _____ shares <input type="checkbox"/> YES as Shareholder - Hong Kong Body Corporate (USD 485 per year), and to allot _____ shares <input type="checkbox"/> To issue Declaration of Trust witnessed by Staff (USD 100 per Shareholder) <input type="checkbox"/> To issue Declaration of Trust witnessed by Singapore Lawyer (USD 130 per Shareholder) <input type="checkbox"/> NO, please use my Shareholder info as indicated at Part B
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9.	Bank Account Opening :- (USD 750 per account for all except for HSBC Hong Kong @ USD 800. Note visit to Singapore or Hong Kong is required for Singapore and Hong Kong banks) <input type="checkbox"/> OCBC Bank Singapore <input type="checkbox"/> DBS Bank Singapore <input type="checkbox"/> HSBC Singapore <input type="checkbox"/> Citibank Singapore <input type="checkbox"/> HSBC Bank Hong Kong <input type="checkbox"/> Afrasia Bank Mauritius <input type="checkbox"/> Euro Pacific St. Vincent & the Grenadines <input type="checkbox"/> Rietumu Bank Latvia <input type="checkbox"/> Belize Bank Int'l <input type="checkbox"/> Choice Bank Belize <input type="checkbox"/> Capital Security Bank Cook Islands <input type="checkbox"/> Meindl Bank Austria
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Part B: Personal Information

Shareholder 1 Information (Individual or Corporate)

1.	Are you acting as a Nominator that signs our Nominee Agreement, nominates & instructs the appointed Nominee Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Are you also acting as a director? <input type="checkbox"/> Yes -If yes, you can skip Director information section on page 6. <input type="checkbox"/> No		
2.	Number of shares to be allotted		
3.	Full Name (As per passport or Certificate of Incorporation if corporate shareholder)		
4.	Date & Place of Birth or Incorporation (Please indicate both city and country)	DD__MM__YYYY__	City
			Country
5.	Nationality		
6.	Passport / ID number or Company Number		
7.	Residence Address or Registered Address		
8.	Country of Domicile (If multiple, please provide all information)		
9.	Country of Citizenship (If multiple, please provide all information)		
10.	Telephone		E-mail ID
11.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide		
12.	Are you a "Politically Exposed Person" (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide details of the position held and association		

13.	<p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details</p>
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14.	<p>Are you a United States (US) person *? (as defined for US tax purposes)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>a) Duly signed Form Affidavit (To be provided separately) b) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number</p>
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15.	<p>Source of Wealth (SOW) Information Please tick all that applies:</p>	
	<p>Source of Wealth/ Income</p> <p><input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director's Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent's Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state)</p> <p>_____</p>	<p>Investment Income</p> <p><input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state)</p> <p>_____</p> <hr/> <p>Inheritance & Gift</p> <p><input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)</p>

Shareholder 2 Information (Individual or Corporate)

1.	<p>Are you acting as a Nominator that signs our Nominee Agreement, nominates & instructs the appointed Nominee Director?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you also acting as a director?</p> <p><input type="checkbox"/> Yes -If yes, you can skip Director information section on page 6. <input type="checkbox"/> No</p>
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2.	Number of shares to be allotted	
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3.	Full Name (As per passport or Certificate of Incorporation if corporate shareholder)			
4.	Date & Place of Birth or Incorporation (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _ _	City	
			Country	
5.	Nationality			
6.	Passport / ID number or Company Number			
7.	Residence Address or Registered Address			
8.	Country of Domicile (If multiple, please provide all information)			
9.	Country of Citizenship (If multiple, please provide all information)			
10.	Telephone		E-mail ID	
11.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide			
12.	Are you a "Politically Exposed Person" (PEP) *? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of the position held and association			
13.	Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details			

14.	<p>Are you a United States (US) person *? (as defined for US tax purposes)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>c) Duly signed Form Affidavit (To be provided separately) d) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number</p>
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15.	Source of Wealth (SOW) Information		
Please tick all that applies:			
Source of Wealth/ Income		Investment Income	
<input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director's Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent's Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state) _____		<input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state) _____	
		Inheritance & Gift	
		<input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)	

Director 1 Information

1.	Full Name (As per passport or Certificate of Incorporation if corporate director)			
2.	Date & Place of Birth or Incorporation (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _ _	City	
			Country	
3.	Nationality			
4.	Residence Address or Registered Address			
5.	Country of Domicile (If multiple, please provide all information)			
6.	Country of Citizenship (If multiple, please provide all information)			
7.	Telephone		E-mail ID	

8.	<p>Do you have an alternate address for mailing or other functions?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide</p>
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9.	<p>Passport / ID number or Company number</p>
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10.	<p>Are you a “Politically Exposed Person” (PEP) *?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide details of the position held and association</p>
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11.	<p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide details</p>
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12.	<p>Are you a United States (US) person *? (as defined for US tax purposes)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>e) Duly signed Form Affidavit (To be provided separately)</p> <p>f) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number</p> <p><input type="checkbox"/> Visa number</p> <p><input type="checkbox"/> Green Card Number</p>
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Director 2 Information

1.	<p>Full Name (As per passport or Certificate of Incorporation if corporate director)</p>
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2.	<p>Date & Place of Birth or Incorporation (Please indicate both city and country)</p>	<p>DD__ MM__ YYYY__</p>	<p>City</p>	
			<p>Country</p>	

3.	<p>Nationality</p>
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4.	<p>Residence Address or Registered Address</p>
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5.	Country of Domicile (If multiple, please provide all information)	
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6.	Country of Citizenship (If multiple, please provide all information)	
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7.	Telephone		E-mail ID	
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8.	<p>Do you have an alternate address for mailing or other functions?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide</p>
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9.	Passport / ID number or Company Number	
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10.	<p>Are you a “Politically Exposed Person” (PEP)*?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide details of the position held and association</p>
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11.	<p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide details</p>
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12.	<p>Are you a United States (US) person*? (as defined for US tax purposes)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>g) Duly signed Form Affidavit (To be provided separately)</p> <p>h) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number</p> <p><input type="checkbox"/> Visa number</p> <p><input type="checkbox"/> Green Card Number</p>
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Part C: Ultimate Beneficial Owner Information (MUST BE A NATURAL PERSON)

This section must be completed if you are neither the Shareholder nor Director listed at Part B above.

1.	Full Name (As per passport)	
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2.	Date & Place of Birth (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _	City	
			Country	

3.	Nationality			
4.	Passport / ID number			
5.	Residence Address			
6.	Country of Domicile (If multiple, please provide all information)			
7.	Country of Citizenship (If multiple, please provide all information)			
8.	Telephone		E-mail ID	
9.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide			
10.	Are you a "Politically Exposed Person" (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of the position held and association			
11.	Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details			
12.	Are you a United States (US) person*? (as defined for US tax purposes)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide i) Duly signed Form Affidavit (To be provided separately) j) One of the following (Please mark X) <input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number			

13.	Source of Wealth (SOW) Information Please tick all that applies:	
	Source of Wealth/ Income <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director's Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent's Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state) _____	Investment Income <input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state) _____
		Inheritance & Gift <input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)

Part D: Declaration

1.	I/We (hereinafter the Client) confirm that the Client has been informed that the structure that the Client is setting up could be reportable and taxable in the country of residency/citizenship, and therefore the Client should obtain appropriate legal and tax advice in the home jurisdiction and all other relevant jurisdictions. The Client hereby declares that the Client will follow the advice received and comply with the reporting obligations if any.
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2.	In the event that Hilda Loe Associates Pte. Ltd. (HLA), as service provider, is at any time under the legal obligation to any applicable governmental authority, directly or indirectly to report the structure or becomes tax liable together with me in relation to the assets held in the structure, HLA may be obligated to enquire or ensure that the Client has sought or implemented any such tax and/or legal advice and that the Client will report all relevant information to the Tax Authorities. In the event of such reporting, the Client shall hold HLA harmless for any damages or actions resulting from such reporting.
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3.	The Client confirm that none of the assets proposed to transfer to the Structure has been derived from or relate to any of the "Designated Categories of Offences"(see 5 below).
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4.	<p>The Client and the undersigned, confirm that the services requested are not used for illegal purposes and hereby consent to act as director and/or principal contact of the Company. Where the information provided in Part A to B is changed from any time hereafter, the Client and the undersigned agree to inform Hilda Loe Associates Pte. Ltd. immediately. The Client and undersigned hereby confirm and declare that all details provided above are true and correct to the best of their knowledge.</p> <p>Name _____ Signature _____</p> <p>Date _____ Place _____</p> <p>Contact Number _____ Email _____</p>
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5.	<p><u>Designed Categories of Offences</u> List of “Designated Categories of Offences” as per Forty Recommendations on Money Laundering prepared by the Financial Action Task Force (FATF).</p> <ul style="list-style-type: none"> • Participation in an organized criminal group and racketeering. • Terrorism, including terrorist funding. • Human trafficking and migrant smuggling or sexual exploitation, including that of children. • Illicit trafficking of narcotics and psychotropic substances, arms or stolen goods. • Bribery and corruption. • Fraud, counterfeiting currency and the counterfeiting or piracy of products. • Environmental Crime. • Murder and Grievous bodily injury. • Kidnapping, illegal restraint and hostage-taking. • Theft, robbery or smuggling (including those related to custom excise duties and taxes) • Tax crimes (Related to direct taxes and indirect taxes) • Extortion, forgery or piracy. • Insider trading and market manipulation.
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Please ensure the following documents are attached or have already been sent to Hilda Loe Associates:

- **Scanned copy of identification in the form of a passport or national ID for each director & shareholder and a copy of the Certificate of Incorporation & Certificate of Incumbency or similar for Corporate Shareholders.**
- **Scanned copy of utility bill or credit card/bank statement as proof of current address for each director and shareholder.**
- **Payment for incorporation, nominee services and bank account opening (if applicable).**

Thank you for choosing Hilda Loe Associates Pte Ltd