

Vanuatu Company Incorporation Form



1. **PROPOSED COMPANY NAME** _____
Alternative 1: _____
Alternative 2: _____

2. **STATUS**
I require an INTERNATIONAL / LOCAL company. (Please circle preference.)

3. **SHAREHOLDING**
Number of Issued Shares _____

4. **SHAREHOLDERS**
Please supply nominee shareholders, and/or please have the following persons or companies as shareholders:

FULL NAME	OCCUPATION	NATIONALITY	NO. OF SHARES AND CLASS
ADDRESS			

FULL NAME	OCCUPATION	NATIONALITY	NO. OF SHARES AND CLASS
ADDRESS			

FULL NAME	OCCUPATION	NATIONALITY	NO. OF SHARES AND CLASS
ADDRESS			

5. **BENEFICIAL OWNER(S)** (Use additional sheets if necessary)

FULL NAME	OCCUPATION	NATIONALITY	% OWNERSHIP
ADDRESS			

FULL NAME	OCCUPATION	NATIONALITY	% OWNERSHIP
ADDRESS			

FULL NAME	OCCUPATION	NATIONALITY	% OWNERSHIP
ADDRESS			

6. **PERSONS AUTHORISED** by beneficial owners to deal with BARRETT & PARTNERS on behalf of the owners

FULL NAME	OCCUPATION	LIMIT OF AUTHORITY	SPECIMEN SIGNATURE
ADDRESS			

7. **DIRECTORS.** Must have at least one person as a Director. Nominee Corporate Directors may be supplied upon request.

FULL NAME	OCCUPATION	NATIONALITY	OTHER VANUATU COMPANY DIRECTORSHIPS (IF ANY)
ADDRESS			

Vanuatu Company Incorporation Form

8. REGISTERED AGENT (An international company must have a local registered agent. If not otherwise indicated, our wholly owner Trust Company -Trustees International Limited will act as Registered Agent)

9. FULL DETAILS OF PROPOSED OPERATIONS

10. CLIENT CONTACT DETAILS

Preferred method of communication (*please tick*) Email Facsimile Post

Mother's Maiden Surname _____ (for identification purposes during telephone conversations)

Contact Name: _____

Postal Address: _____

Telephone: _____ (office hours) _____ (after hours)

Facsimile: _____ (office hours) _____ (after hours)

Email: _____

Note: BARRETT & PARTNERS Statements and other notices are normally forwarded in a Private & Confidential envelope to the address outlined above, unless otherwise specified.

11. ANY ADDITION INSTRUCTIONS

12. FEES

Preferred Method of payment: (*Please tick*) T/T Visa/MasterCard Cash Cheque Draft

Amount: _____

Fees should accompany all applications to register a company. Cheques or bank drafts should be made payable to Trustees International Limited, or TIL and remitted by mail directly to us.

USD SWIFT Payment Orders/Telegraphic Transfers:

Please instruct your bank to use the following USD payment routing method:

Intermediary Bank:	Citi Bank New York,
SWIFT Code:	CITIUS33
For the Account:	National Australia Bank
SWIFT Code:	NATAAU3302S
Beneficiary Bank:	National Bank of Vanuatu
Account No.:	NBOVUUSD85
SWIFT Code:	NBOVVUVU
Beneficiary:	BARRETT & PARNTERS
Account No.:	0144409003
Reference:	Company name

Visa/MasterCard Payments: (*Please tick*)

Visa MasterCard

Please note: A 3% surcharge is made for credit card payments.

Account Number: _____

Expiry Date: _____

Exact Name on Card: _____

Signature: _____

13. DECLARATION OF BENEFICIAL OWNER(S)

I/We have been made aware of the legislation in Vanuatu, including the Mutual Assistance in Criminal Matters Act and the Serious Offences (Confiscation of Proceeds) Act, designed to prevent amongst other things the laundering of proceeds of criminal activities.

I/We hereby certify that the company to be incorporated under this application will not be used for the purpose of criminal activities and I/we will take steps to prevent such activity from occurring in the future.

I/We hereby certify to the best of my/our knowledge and belief, that the information contained in this application form is correct and complete and undertake to advise BARRETT & PARTNERS of any changes to the above information.

Name(s): _____

Signed at: _____ this: _____ day of _____ Year: _____

Signature(s): _____

PLEASE SEND the following to TIL, P.O. Box 240, Port Vila, Vanuatu, Fax: (678) 22317:

- Completed Form
- **Certified Copy of Beneficial Owner(s) passports and drivers licence, showing photo(s) and signature(s). Note: Photo must be clearly visible.
- **Certified Copy of Authorised Persons and Directors passports (if applicable)
- Proof of payment

**** Original certification must be made by a Notary Public, Justice of the Peace, Commissioner of Oaths, Accountant, Bank Manager or Clergy.**