

AIT Management Services Ltd.

ANTIGUA INTERNATIONAL BUSINESS CORPORATIONS
ACT, 1982 & SUBSEQUENT REVISIONS.

APPLICATION FORM COMPANY INFORMATION

To: AIT Management Services Ltd.
Hodges Bay, PO Box 1348
Saint John's, Antigua W.I.
Telephone: (268) 460-7181/562-4707/480-2213
Fax: (268) 460-8982
e-mail: aitmsltd@usa.net

1. Type of business to be pursued by company
(Please give as full a description as possible)

2. Proposed Company Name: (in order of preference)

- (a) _____
(b) _____
(c) _____

3. Number of Registered Originals of Corporate Documents Required.
(If more than one original required, please specify since additional fees may apply).

4. Specify Number of Bearer or Registered Certificates _____
(Normally 1,000 bearer shares of no par value)

5. Names of Beneficial Owners (Number of Shares Represented By Each Certificate: (If Registered Share certificates are required in Lieu of Bearer certificates, please indicate).

6. Number of Directors Authorized: _____
Minimum **1** Maximum _____

7. Names and Addresses of Directors to Be Appointed or Specify if Nominee Directors Are Required: **We will serve as sole director at an annual fee of US \$600.00 if required. Actual services billed at cost.**

8. Managing Directors, If Any: (Specify full or any restricted powers).

9. Officers (President/CEO, Treasurer/CFO, Secretary):

Particulars of Secretary (if nominee services are required - please do not complete). _____

Full forenames and surname _____

Any former names _____

Usual Residential Address _____

10. Fiscal Year. (Unless otherwise specified, calendar year adopted).

11. Specify Any Special Management or Accounting Services To Be Performed By Us:

Special Instructions or Comments:

12. Signature of Applicant (s) _____

13. **METHOD OF PAYMENT**

(a) I enclose a Banker's Draft/ Cashier's Cheque Payable to AIT Management Services Ltd. US\$ _____

in settlement of the formation costs, and disbursements.

(b) I have instructed my bank to transfer the sum of US\$ _____ by fax or cable to:

Citibank
1401 Brickell Avenue
Miami, FL 33131
ABA # 266086554

For credit to our account # 3290055503
in the name of AIT Management Services Ltd.

In settlement of the formation costs and disbursements, please have your bank reference your name on said transfer.

Arrangements for annual renewals and other costs: Please bill me annually hereafter at the following address: (we can arrange for you to execute a standing order deduction form with a bank of your choice).

14. Please advise if you would like the approved original documentation sent by mail, DHL, or FEDEX, or retained to your order.

Name _____

Address _____

Telephone Number _____ (Home)

_____ (Office)

Fax: _____

E-mail: _____

***DHL or FEDEX Billed at cost plus handling.**

DUE DILIGENCE:

All applications must be accompanied by the following:

1. Notarized identification, preferably passport and or/drivers licenses of Beneficial Owners, Directors and Officers of the Company. (Photocopies accepted where a staff member of AIT Management Services actually matches the copy to an original document).
2. Notarized copy of utility bill verifying residential address (see also note 1 above).
3. If AIT Management Services is required to provide nominee Director services a Directors' indemnification form must be completed and signed.