

COMPANY QUESTIONNAIRE

If you need any help completing this form, please contact the relevant OCRA Worldwide office. Details can be found on $\underline{www.ocra.com}$

Please complete in BLOCK CAPITALS and return to us

| ABOUT THE PROPOSED COMPANY | | | | |
|--|---|------------------------|--|--|
| Jurisdiction (e.g. Isle of Man or Hong Kong) | | | | |
| PROPOSED COMPANY NAME | | | | |
| First Choice | | | | |
| Alternative One | | | | |
| Alternative Two | | | | |
| PLEASE ANSWER THE FOLLOWING | | | | |
| Did you select the company name from our Shelf Companies List? | Yes | No | | |
| Would you like us to provide nominee shareholders? | Yes | No | | |
| Would you like us to establish a trust to own this company? | Yes | No | | |
| Would you like us to provide professional directors? | Yes | No | | |
| Will the company require a bank account? | Yes | No | | |
| Will the business require a mail forwarding service? | Yes | No | | |
| Is a dedicated telephone or facsimile answering service required? | Yes | No | | |
| Please state how many people will own the company | | | | |
| PURPOSE OF COMPANY AND SOURCE OF FUNDS We need detailed information what this company will be used for and how | v the company will be funded. This info | rmation is required so | | |
| We need detailed information what this company will be used for and how the company will be funded. This information is required so we may assess your application and ensure that our services are not used for criminal purposes, money laundering or the financing of | | | | |
| terrorist activities. Please attach any supporting documentation. | | | | |
| | | | | |
| GEOGRAPHY OF PROPOSED BUSINESS Provide detailed information about where the company will trade. Please I | ist both regions and countries. | | | |
| | ŭ | | | |
| ABOUT THE EXPECTED TURNOVER OF THE COMPANY | | | | |
| Estimated annual turnover | * | | | |
| How much start up capital will be invested into the business? | * | | | |
| Estimated number of transfers into the company's bank account per mont | h * | | | |
| Estimated value of transfer into the company's bank account per month | * | | | |

| Estimated number of tra | ansfers out of the company's bank account per | month * | | |
|---|--|------------------|--|--|
| Estimated value of transfer out of the company's bank account per month | | nth * | | |
| * Please indicate the cu | rrency quoted in full | | | |
| MARKETING INFOR | RMATION | | | |
| How did you first find ou | ut about OCRA Worldwide? | | | |
| Have you seen any of c | our advertising? If so, in which publication? | | | |
| ABOUT YOU - Man | datory | | | |
| What is your name? | | | | |
| Are you an existing clie | nt of OCRA Worldwide? | | | |
| If yes to the above, of w | hich office? | | | |
| Will you be the owner o | f the proposed company? | | | |
| If you are an owner, wh | at percentage of shares will you own? | % | | |
| Will you be a director of | the proposed company? | | | |
| Address | | | | |
| Email | | Mobile | | |
| Telephone | | Facsimile | | |
| ABOUT OTHER OW | NER(S) OR DIRECTOR(S) - Optional | | | |
| Is this person an owner | | | | |
| If so, what percentage of the shares will they own? | | % | | |
| | | | | |
| Will this person be a director of the company? | | | | |
| Full Name | | | | |
| Address | | | | |
| | | | | |
| Email | | Mobile Telephone | | |
| Telephone | | Facsimile | | |
| If you are not emailing this form, PLEASE SIGN HERE | | | | |
| Today's Date (DD/MM/YYYY) | | | | |
| | hortly to clarify your instructions, finalise th relating to the prevention of money laundering. | | | |

form agree to be bound by OCRA Worldwide's Terms of Business or such other new Terms of Business as may from time to time be $published \ on \ OCRA \ Worldwide's \ website \ (\underline{www.ocra.com}) \ or \ about \ which \ they \ may \ otherwise \ be \ informed.$