

Completion of this form is necessary to facilitate Offshore Inc in performing the service(s) you require. Once signed, this form becomes a legally binding contract, for this reason Offshore Inc's Terms and Conditions should be reviewed first. Also, before completing and submitting this form we strongly recommend that all information on our website pertaining to the service you require be read in its entirety.

* indicates required fields

*What type of company do you wish to incorporate?	
<input type="checkbox"/> British Virgin Islands IBC	<input type="checkbox"/> Cayman Is. Exempt Company
<input type="checkbox"/> Samoa IBC	<input type="checkbox"/> Belize IBC

Section 1 - Applicant Information

*Name:		
*Mailing Address:	*Nationality:	
	Organization:	
	Occupation:	
Tel:	Fax:	*Email:

Section 2 - Proposed Company Information

*Company Name (we cannot guarantee acceptance - if already taken we will attempt variations of the name):
Alternate Name #1:
Alternate Name #2:
Alternate Name #3:
*Geographic Area of Operation:
*Purpose of Business:

Section 3 - Company Shares Information

Are shares to be issued to bearer? <input type="checkbox"/> Yes (Skip to Section 4) <input type="checkbox"/> No	
Authorized Capital (indicate currency):	
Total Number of Shares:	Par of Shares:
Shareholder #1:	
Name:	Shares:
Occupation:	Nationality:
Mailing Address:	
Shareholder #2:	
Name:	Shares:
Occupation:	Nationality:
Mailing Address:	

Shareholder #3:	
Name:	Shares:
Occupation:	Nationality:
Mailing Address:	
Shareholder #4:	
Name:	Shares:
Occupation:	Nationality:
Mailing Address:	
Shareholder #5:	
Name:	Shares:
Occupation:	Nationality:
Mailing Address:	
Section 4 - Directors and Officers:	
*Do you need Offshore Inc to furnish directors and officers for your proposed company? <input type="checkbox"/> Yes (Skip to Section 5) <input type="checkbox"/> No	
Director #1:	
Name:	Mailing Address:
Occupation:	
Nationality:	
Director #2:	
Name:	Mailing Address:
Occupation:	
Nationality:	
Director #3:	
Name:	Mailing Address:
Occupation:	
Nationality:	
Officer #1:	
Name:	Mailing Address:
Occupation:	
Nationality:	

Officer #2:	
Name:	Mailing Address:
Occupation:	
Nationality:	
Section 5 - Comments	
Please use this space to express any comments or special considerations:	
Section 6 - Account Activation	
Would you like Offshore Inc to open a Secured Corporate Account for your proposed company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 7 - Acceptance	
Signature:	Date:

Please ensure the following documents are attached or have already been sent to Offshore Inc.:

- Identification in the form of a Driver's License or Passport
- Character references from individuals not related to applicant
- Payment for incorporation and account (if applicable).

*Thank you for choosing
Offshore Inc.!*