

Use another form(s) if insufficient space for all information on one form

**PROPOSED  
COMPANY NAME:**

1.
2.
3.

**CONTACTS:**

Name	Address	Phone	
		Fax	
		Email	
		Phone	
		Fax	
		Email	

**CONFIDENTIALITY:** Any restriction on  
**LAW PARTNERS**  
contacting the above named

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**COMPANY  
ACTIVITIES /  
SECTOR:**

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**CAPITAL**

**VALUE**

**NUMBER OF SHARES**

**CLASS**

currency and amount
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e.g. ordinary
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**SHAREHOLDERS :**  
At least one.

Note: If the natural person beneficial owner(s) are different to the shareholders please provide details separately

Full Name	Address	Nationality	Gender	Number of Shares

**TOTAL SHARES TO BE ISSUED**

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**DIRECTORS:**

At least one.

Note: a company may be a director. At least one director must be a natural person

Full Name	Address	Nationality	Occupation

**REGISTERED OFFICE:**

CONFIRM REGISTERED OFFICE TO BE LOCATED AT LAW PARTNERS OFFICES

YES

NO

**BALANCE DATE:**

**PROMOTERS AGREEMENT:**

THE UNDERSIGNED, AS PROMOTERS OF THE COMPANY TO BE FORMED, AGREE TO SIGN A PROMOTERS INDEMNITY AND PAY ALL FEES AND OUT OF POCKET EXPENSES DUE TO LAW PARTNERS IN RESPECT OF THE INCORPORATION OF THE COMPANY

**PROMOTERS:**



**WITNESS:**

\_\_\_\_\_

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER SERVICES REQUIRED OF LAW PARTNERS:**

VAT

Accounting / Payroll

Audit

**LAW PARTNERS ADDRESS:**

LAW PARTNERS  
P O Box 212, Port Vila,  
Vanuatu

Phone: (678) 22091 Fax (678) 23665 Email: [mail@lawpartnersvanuatu.com](mailto:mail@lawpartnersvanuatu.com)