

Griffon Bank Limited

Financial Center
Roseau, Commonwealth of Dominica,
West Indies
www.griffonbank.com

INTERNATIONAL BUSINESS COMPANY INCORPORATION APPLICATION FORM

All information given in this application form is strictly confidential and for the bank's internal use only. If you have any queries regarding the completion of this form please call us at +1-767-449-9254

Please read the General Terms and Conditions of Griffon Bank Limited before completing and signing this form

FAX ALONG WITH SUPPORTING DOCUMENTS TO: +1 767 449 9257 WHEN COMPLETED AND SIGNED

1. **Fill in** all sections of this form
2. **Print** the application
3. **Sign** where indicated by "x"
4. **Enclose** the required supporting documents
5. **Fax** all pages to 1-767-449-9257 , or scan and send to info@griffonbank.com
6. **Send** everything to one of the following addresses:

Via regular mail:

P.O.BOX 1324
Roseau, Commonwealth of Dominica, W.I.

Via courier mail:

Financial Center
Roseau, Commonwealth of Dominica, W.I.

Required supporting documents:

- A certified copy of passport of the owner(s) and director(s) (certifier's contact information must be on the documentation they sign)
- An original reference letter from a banker for the owner(s) and director(s), (referee's contact information must be in the letter)
- An original utility bill or other document, which proves current address of the owner(s) and director(s)

International Business Company

Note: A company name must end with the words (s) Limited, Corporation, Societe Anonyme or abbreviation thereof.
Using Finance, Trust, Bank, Insurance, Royal or Imperial is not allowed.

Proposed Name Option # 1 _____

Proposed Name Option #2 _____

Activities/Purpose of Company _____

Please give details on a separate document if necessary

Authorized Capital (usually USD1,000.00) _____

Number of Authorized Shares (usually 100) _____

How is the Capital of the IBC to be divided? According to % below _____

Owner / Shareholder

Full Name

Date & Place of Birth

Passport number

Phone Number

Fax Number

Current Residential Address

Occupation Job Title

Present employer

% of Registered Shares

E-mail address

Specimen signature

X _____

Are you a named party in any litigation or are there any outstanding judgments filed against you or your assets

- YES**
or
 NO

Other Owner / Shareholder (if any)

Full Name

Date & Place of Birth

Passport number

Phone Number

Fax Number _____

Current Residential Address

Occupation Job Title _____

Present employer _____

% of Registered Shares _____

E-mail address _____

Specimen signature **X** _____

Are you a named party in any litigation or are there any outstanding judgments filed against you or your assets **YES**
or
 NO

Directors

Full Name (Director 1) _____

Date & Place of Birth _____

Passport number _____

Phone Number _____

Fax Number _____

Current Residential Address

Occupation Job Title _____

Present employer _____

% of Registered Shares _____

E-mail address _____

Specimen signature **X** _____

Full Name (Director 2) _____

Date & Place of Birth _____

Passport number _____

Phone Number _____

Fax Number _____

Current Residential Address

Occupation Job Title _____

Present employer _____

% of Registered Shares _____

E-mail address _____

Specimen signature **X** _____

I/we certify the information given herein is true and correct; the persons mentioned do exist and are persons with integrity and respectability; and that all funds sent are clean and of legal origin and are owned or lawfully managed by the persons signing below. I/We authorize the registered agent to conduct the proper verification of the above information, if necessary. I/We agree to hold the registered agent, its Directors, Officers, employees, affiliates and representatives free from all liability incurred when acting on facsimile (fax) or Email instructions provided by me/us. The undersigned shall at all times be liable for the payment upon demand of any debit balance or other obligation owing in any account(s) of the undersigned. Any false statement with regard to any funds or any false statement made in this application shall allow the registered agent to close the account and strike the name from the register. I/We shall at all times hereafter indemnify and keep indemnified the registered agent, its Directors, Officer, employees, affiliates and representatives against all cost, charges, expenses which may now or hereafter become liable to pay or sustain in connection with any matter which may arise as a result of any false statement with regard to any such funds or any false statement made in this application or in relation to any unlawful transaction of any trust, bank, account or international business corporation named in this application and also against all sums of money whether for damages, costs, attorney fees, charges, expenses and to implement such measures incidental thereto. I/We confirm the I/We am/are making this declaration for my/our protection as well as the registered agent, its Directors, Officers, employees, affiliates and representatives and hereby give consent to the

registered agent to disclose this transaction to law enforcement authorities subject to the confidentiality laws of the Commonwealth of Dominica. I/We hereby certify that I/We have not received legal or tax advice associated with my/our decision to form this structure and I/We have been encouraged to consult my/our attorney and tax advisor for such advice on my/our personal situation. I/We understand that funds repatriated to my/our home country may be subject to taxes. This service can be provided through independent representatives, the registered agent, its Directors, Officers, employees, affiliates and representatives cannot be held responsible for any claims or representations outside of what appears in the Application.

Place: _____ Date: _____

Name: **x** _____ Signature: **x** _____

Name: **x** _____ Signature: **x** _____

I / We agree that Griffon Bank can automatically debit the company's annual renewal and agency fees from the company's corporate account at Griffon Bank at the due date (every 12 months after the date of incorporation).

Name: **x** _____ Signature: **x** _____

Name: **x** _____ Signature: **x** _____