Company Formation Instructions

We hereby authorised you to arrange for the registration of a company under the following details. We hereby request from you the provision of the following services related to the registration and management of the following company:

| 1. Country of Registration: | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------|-------------|----|--|--|--|--|
| 2. Proposed Name (Please give 3 names if possible, so that the changes of obtaining approval are much better): | | | | | | | | |
| 3. Activity of the cocompany): | ompany: (Please give details of the | proposed acti | vities of t | he | | | | |
| 4. Estimated Level | of Turnover (\$): PLEASE CO | OMPLETE | | | | | | |
| 5. Share Capital: | | | | | | | | |
| Origin of the capital Own private wealth Trading Income Other 6. Director(s): | if more than 50,000 USD (Please to | ick) | | | | | | |
| | Do you wish Ridge Allied Corporation Ltd to arrange YES | | | | | | | |
| the appointment of Directors? ✓ | | | | | | | | |
| If no, Please give de | tails of directors as below: | | | | | | | |
| Director A | Personal | Details | | | | | | |
| Name | | | | | | | | |
| Family Name | | | | | | | | |
| Date of Birth | | | | | | | | |
| Residential Address | | | | | | | | |
| Home Telephone | | | | | | | | |
| Business Telephone | | | | | | | | |
| Fax | | | | | | | | |
| Mobile | | | | | | | | |
| E-mail | | | | | | | | |

• For each director, please enclose passport copy and bank reference letter.

Occupation
Nationality
Passport Number
Citizenship

$7. \ Shareholder(s):$

If confidentiality of shareholding is required following please confirm that our trustee companies can hold the shares

| Shareholder A | Personal Details | Trustees (Yes/No) | Number of shares |
|---------------------|------------------|----------------------|------------------|
| Name | | NO | 50000 |
| Family Name | | | |
| Date of Birth | | | |
| Residential Address | | | |
| Home Telephone | | | |
| Business Telephone | | | |
| Fax | | Shareholder | \mathbf{A} |
| Mobile | | | |
| E-mail | | | |
| Occupation | | | |
| Nationality | | | |
| Passport Number | | | |
| Citizenship | | | |
| Shareholder B | Personal Details | Trustees | Number of |
| | | (Yes/No) | shares |
| Name | | YES | |
| Family Name | | | |
| Date of Birth | | | |
| Residential Address | | | |
| Home Telephone | | | |
| Business Telephone | | | |
| Fax | | Shareholder | В |
| Mobile | | | |
| E-mail | | | |
| Occupation | | | |
| Nationality | | | |
| Passport Number | | | |
| Citizenship | | | |
| Shareholder C | Personal Details | Trustees | Number |
| | | (Yes/No) | of shares |
| Name | | , , | |
| Family Name | | | |
| Date of Birth | | | <u>IL</u> |
| Residential Address | | | |
| Home Telephone | | | |
| Business Telephone | | | |
| Fax | | Shareholder | C |
| Mobile | | Guar choluct | C |
| | | | |
| E-mail | | | |
| Occupation | | | |

| [N.T · | 1*. | | | | ı | I | | | | Ĩ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------|--------------------------|--------|--------------------|-------------|---------|-------|-----|---|
| | onality | | | | | | | | | |
| | sport Number | | | | | | | | | |
| Citiz | zenship | | | | | | | ı | | |
| ** For each Shareholder please, enclose passport copy and bank reference letter. | | | | | Total Shares 50000 | | | | | |
| Is (has) the beneficiary (been) a shareholder / employee in other Cypriot Enterprises? If YES, please specify the Company Name: | | | | | YE | CS | N | 0 | | |
| 8. | Secretary: | By Ridge Allied Corporation LimitedNO | | | | | | | | |
| 9. | Registered Address: | By Ridge Allied Corporation LimitedYES | | | | | | | | |
| 10. | Bank Account (s): | If a Bank Account is required, please complete the following: | | | | | | | | |
| Nan | ne of the Bank | | | | | | | | | |
| Cou | ntry of the Bank | | | | | | | | | |
| | rency (Please Tick) | USD EUR STG | | | Other | | | | | |
| | e of Account (Please | Fixed | ed Deposit 2 days notice | | С | Current | | | | |
| Tick) | | account Account | | | | count | account | | | |
| Nan | ne of Authorised | | | | | | | | | |
| Sign | natories | | | | | | | | | |
| *** For each signatory, if a different person from the shareholders and directors, please enclose passport copy and bank reference letter. 11. Accounting & Do you wish Ridge Allied Corporation Limited to arrange the accounting and audit work of the company? YES NO | | | | | | | | | | |
| 12. | Power of Attorney: | If a Po | ower of At | torney | is requ | ired, pleas | se com | plete | the | |
| Nan | ne : | | C | | | | | | | |
| Fam | ily Name : | | | | | | | | | |
| Date | e of Birth : | | | | | | | | | |
| Resi | dential Address : | | | | | | | | | |
| Hon | ne Telephone : | | | | | | | | | |
| Bus | iness Telephone : | | | | | | | | | |
| Fax | : | | | | | | | | | |

| Mobile | | • | | | | | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|
| E-mail | | : | | | | | | |
| Occupation | | : | | | | | | |
| Nationality | | : | | | | | | |
| Passport Numb | er | : | | | | | | |
| Citizenship | 01 | : | | | | | | |
| r r | | | | | | | | |
| 13. Contact Pe | erson: | | | | | | | |
| Full Name | | : | | | | | | |
| Address | | • | | | | | | |
| Telephone | | • | | | | | | |
| Fax | | • | | | | | | |
| Mobile | | • | | | | | | |
| E-mail | | : | | | | | | |
| Any Confident | ial | • | | | | | | |
| Information | | | | | | | | |
| Pre <u>f</u> erable met | hods o | f contact (Ple | ease tick | ;): | | | _ | |
| Mail | | Teleph. | | Fax | | E-mail | | |
| | | | | | | | | |
| 14. Declaration company: Full Name | n of a | person or fir | rm requ | esting the | form | ation of the abov | ve | |
| Address | | | | | | | | |
| | | | | | | | | |
| Tel/Fax | | | | | | | | |
| owner(s) of the proceed with the true to the best beneficial own beneficial inter- been declared | e prop ne form t of ou ner, no est, ha bankr | osed comparation of this are knowledge or the settlors, in any part or has | ny, requi compart e and be r or nat t of the been a | est that Ray, and decelief. I/We med benef world, been director | idge A lare the decla ficiarie n invo | ag as agent of the Allied Corporation at the above parture further that ness of any trust olved in any illegherwise concerninsolvent liquidation. | on Limiticulars none of holding gal activities | are the g a ity, |
| Signature: Date: | | | | | | ••••••••••• | | |