CLIENT INFORMATION FORM

The following information is required in order to incorporate companies and to provide registered office and agent services in St. Kitts for the purpose of this form "Relevant Individual" shall mean the beneficial owner of the company and any other person with principle control over the company's assets i.e. principal or shadow directors together with those giving instructions to Leah Chaderton. Each Relevant Individual must complete a separate information form. The "Company" shall mean the company to be incorporated by Law Office of Leah Crag-Chaderton. Guidance notes are also contained herein to assist you with the completion of this form.

SECTION A			
CONTACT INFORMATIO	N		
Name		Date Birth	
Residential Address			
Town	Country	Postal Code	
Phone	Fax		
<u>Email</u>			
Nationality		<u>Occupation</u>	

SECTION B – BACKGROUND INFORMATION

Name of Professional Organization

- 1. Pleas provide a Certified Copy of The passport of the relevant Individual, Including a clear Photograph. (Please refer to guidance notes.)
- 2. Please provide/attach a "Proof of Address" for the relevant Individual. Please refer to guidance notes.)
- 3. Please provide below the contact of the professional organization that has provided the Relevant Individual with legal/tax advice.

	Address
	<u>Phone</u>
	<u>Email</u>
	Name of Contact Person
4.	Please Detail below how you were referred to the Law Office of Leah Crag-Chaderton.
SECTIO	N C – PURPOSE OF THE COMPANY /SOURCE ASSETS
Name o	of the company
	indicate the purpose for which the company is required. (Provide full details – "holding company" ufficient.)

Please describe/identify the assets that will be held by the company. From what source or sources have the assets/funds to be introduced into the company been derived? (How did you acquire the assets that will be held by the company? The description must be clear and self- explanatory. Explanations such as "inheritance" or "sale of property" are not sufficient and require further explanation.)			
Section D			
Director Information	on		
Name		Date Birth	
Residential Address			
<u>Town</u>	Country	Postal Code	
Phone	Fax		
<u>Email</u>			
Nationality		Occupation	

Share Holders Information

Name		Date Birth
Residential Address		
Town	Country	Postal Code
Phone	Fax	
<u>Email</u>		
Nationality		Occupation Occupation
Company Shares		
Authorized Share Capital for Company:		Per Value:
Registered Address fo	or the Company:	
Company Secretary	Information	
Name		Date Birth
Residential Address		
Town	Country	Postal Code
Phone	Fax	Email
Nationality	Fmail	Occupation

DECLARATION

We declare and affirm that the information provided herein is true and correct and the assets to be introduced into the Company to be incorporated are from lawful sources and not deemed to be illegal or immoral either in the country of origin or in the country/countries of residence of the Relevant Individual. If requested to do so, we will provide with any further evidence of the verification of the identity or activities of the Relevant Individual and will promptly inform of any changes in the shareholding, directors, officers or beneficial ownership of the Company.

Completed by	
<u>Name</u>	Title
Signature	