



Application Form - Corporate Services



This form must be completed in all instances when the Oak Group (Oak) is being requested to provide formation, shareholder, director, registered office and registered agent services.

1. Company Details

Name (First Choice)

Name (Second Choice)

Other

Note: Please provide two options to avoid possible conflict of names, together with any trading names. Please provide details where this may be of any significance. The relevant jurisdiction's registry may not allow certain names.

Type of Company to be set up

Preferred Jurisdiction of Incorporation

If already formed

Jurisdiction of Incorporation

Company Registration Number

Date of Formation

Registered Office / Business Address

2. Memorandum and Articles of Association / Constitution

Incorporate with standard Memorandum and Articles of Association / Constitution

Incorporate with tailored Memorandum and Articles of Association

(If this option is ticked, please provide copy or advise preferred Lawyers)

3. Ownership of the Company

Provide details of the holders of the shares or securities **and** the ultimate beneficial owner(s) of the shares or securities should these be different.

An Individual / Individual Non-Introducer of Funds / Entity Questionnaire is required for each third party associated with the structure as appropriate.



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3. Ownership of the Company (continued)

| Names | Number of shares or securities to be held, or are held, by each beneficial owner(s). |
|-------|---|
|-------|---|

| | |
|--|--|
| | |
| | |
| | |

Note: unless otherwise stated the shares or securities will be held by an Oak Nominee Company on behalf of the beneficial owner(s) or in the name of the trustee where this is provided by Oak.

Please provide a structure chart where the company forms part of a complex structure.

| | | |
|---|------------------------------|-----------------------------|
| Are any of the shares or securities of the company to be, or are, owned by a trust? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Are any of the shares or securities of the company to be, or are, owned by individuals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Are any of the shares or securities of the company to be, or are, owned by a company other than a trustee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Are any of the shares or securities of the company to be, or are, owned by a foundation member? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | |
|--|--|
| If yes, name the Trustees, individuals, company, Foundation Member | |
|--|--|

| | |
|-------------------------------|--|
| Name of Trust (if applicable) | |
|-------------------------------|--|

| | |
|----------------------|--|
| Other, please state: | |
|----------------------|--|

| | | |
|---------------------------------------|------------------------------|-----------------------------|
| Is a shareholder's agreement required | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---------------------------------------|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Will the company be, or is, operated solely for the benefit of the persons listed herein? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

4. Directors and Secretary

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| Directors will be provided by Oak | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----------------------------------|------------------------------|-----------------------------|

An Individual / Individual Non-Introducer of Funds / Entity Questionnaire is required for each third party associated with the structure as appropriate.

Preferred Oak jurisdiction (Please tick as necessary).

| | | | |
|-----------------------------------|--------------------------------------|---------------------------------|------------------------------------|
| Guernsey <input type="checkbox"/> | Isle of Man <input type="checkbox"/> | Jersey <input type="checkbox"/> | Mauritius <input type="checkbox"/> |
|-----------------------------------|--------------------------------------|---------------------------------|------------------------------------|



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4. Directors and Secretary (continued)

Company secretary will be provided by Oak Yes No

Where no is ticked above please specify

Note: Please refer to the Mauritius Addendum where services are required from this jurisdiction.

5. Activity of Company

Investment Holding Unquoted Property Holding - Commercial
Investment Holding Quoted Property Holding - Residential
Asset Holding Other

If Asset Holding or Other, please state:

Please provide details of the activities that the company is expected to undertake/is undertaking.

Is a VAT registration required Yes No

Please detail the countries where the company is expected to transact and the percentage of the company's total activities related to those particular countries.

| Country | % Activities Expected | Specific Activity |
|----------------------|-----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



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6. Source of Funds and Anticipated Banking Transactions

Amount of initial deposit Currency

Remitting institution

Geographic location of remitting institution

Name of remitter

Incoming Funds

Volume and frequency of anticipated incoming funds per annum.

Value of anticipated incoming funds per annum (include relevant currency).

The funds to be, or are, committed to the proposed / existing company represent the proceeds of / were derived from:

Annual Turnover

Please state the expected annual turnover of the company per annum.

Less than £250,000 or currency equivalent

£250,000 - £1 Million or currency equivalent

Over £1 Million - £5 Million or currency equivalent

Over £5 Million or currency equivalent

Outgoing Funds

Please state the expected value of annual outflows per annum.

Please state the expected volume and frequency and jurisdictional destination of annual outflows per annum.

Please state the expected net asset value of the Company after one year.



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7. Accounting Requirements

Accounting year end (31 December / 5 April / other)

(It is advisable to elect an accounting year end date that corresponds with any tax reporting obligations you may have).

Currency of accounts (GBP/EUR/USD/Other)

Is an audit required

Yes

No

8. Advisors – Legal, Tax and Investment Advisor

Do you have a preferred legal advisor that you would like the directors to consider appointing or who may already be appointed.

Yes

No

Please provide name, contact information and details of any regulatory status.

Do you have a preferred tax advisor that you would like the directors to consider appointing or who may already be appointed.

Yes

No

Please provide name, contact information and details of any regulatory status.

Do you have a preferred registered investment advisor that you would like the directors to consider appointing.

Yes

No

Please provide name, contact information and details of any regulatory status.



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9. Confirmation

I/We confirm our request to incorporate a company as detailed above.

I/We confirm our request for Oak to provide the services as detailed above.

I/We confirm that we have received, read, understood and agree to Oak's terms and conditions.

I/We certify that the information provided in this questionnaire is complete and accurate.

I/We undertake to meet my/our obligations to Oak fully and promptly and acknowledge that I/we undertake to ensure that the business to be undertaken by the company will not bring Oak into disrepute.

I/We undertake to ensure that no transactions will be entered into by or on behalf of the company until Oak advise me/us that Oak has completed its compliance checks, the proposed company has been incorporated and is in a position to commence activities.

At any time in the future we will advise you prior to any transaction should there be an intention to introduce additional beneficial owners.

Full Name (Beneficial Owner)

Signature

Dated

Full Name (Beneficial Owner)

Signature

Dated

If you wish to sign electronically, please email the completed form to your contact at Oak who will send back via DocuSign for electronic signature.



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10. Checklist

Please tick to confirm the following before sending the application.

| | |
|--|--------------------------|
| Application form The Application Form Corporate Services fully completed and signed by all Beneficial Owner(s). | <input type="checkbox"/> |
| Addendum where Mauritius services are required Completed an addendum where Mauritius services are required. | <input type="checkbox"/> |
| Copy of tax advice To include rationale behind choice of jurisdiction. Letter of Authority to provide Oak with the ability to correspond directly with the appointed Tax Advisor. | <input type="checkbox"/> |
| Individual / Entity Questionnaire All relevant Individual / Individual Non-Introducer of Funds / Entity Questionnaires fully complete and signed. | <input type="checkbox"/> |
| Tax residency Ensure page 1 of the Individual / Individual Non-Introducer of Funds / Entity Questionnaire is fully complete including Tax Identification Number (TIN). | <input type="checkbox"/> |
| Verification of identity Certified copy of current identity document. | <input type="checkbox"/> |
| Verification of address An original or certified true copy document verifying the full residential address. | <input type="checkbox"/> |

Additional Information

11. Data Protection

We may use the information you send us together with other information, which comes from or relates to you, to discharge our functions effectively. This may include us sharing the information we hold about you with other bodies, such as regulators and law enforcement agencies, some of whom may be located outside of The Crown Dependencies, Mauritius and the European Economic Area. Data Protection legislation provides you with various rights, including the right to ask for a copy of the information we hold on you, and the right to have inaccuracies corrected. To better understand your rights and how we handle your information, we would encourage you to read our Privacy Notice; or to contact the Data Protection Officer on dataprotection@oak.group.