



COMPANY ORDER FORM

The information provided below will be treated in privacy and will not be disclosed to any third party unless such disclosure is required by law. Please, fill in all the paragraphs of the form and provide the originals or certified true copies of all the required documents.

A. REQUIRED DOCUMENTS

1. ALL PHYSICAL PERSONS INVOLVED, IF NOT PROVIDED BY KORPUS PRAVA

(i.e. director, shareholder, secretary, beneficial owner, contact person, signatory/e-banking user/cardholder (in case of opening of a bank account):

1. Passport
2. Proof of address
3. Reference letter by certified/regulated organizations (bank, accounting/audit/law firm)

2. ALL LEGAL ENTITIES INVOLVED, IF NOT PROVIDED BY KORPUS PRAVA

(i.e. director, shareholder, secretary):

1. Full set of current incorporation documents
2. Good Standing Certificate not older than 3 months from the date of company order

B. COMPANY INCORPORATION (✓)

1. PLACE OF INCORPORATION

Cyprus

British Virgin Islands (BVI)

Seychelles

Marshall Islands

Malta

Hong Kong

Another jurisdiction (please, specify)

2. COMPANY NAME

(provide 1-3 options)

Option 1

Option 2

Option 3

3. BUSINESS SCOPE OF THE COMPANY

(detailed description is required, for example: import/export of goods: kitchen equipment, souvenirs, construction materials)

4. a. REGISTERED ADDRESS OF THE COMPANY

Provided by Korpus Prava (✓)

Yes

No

If "No", please specify:

b. BUSINESS ADDRESS OF THE COMPANY

(the actual address the company is located at/ having its activities from)

c. CORRESPONDENCE ADDRESS

5. SHARE CAPITAL OF THE COMPANY (√)

Standard

Other

Class of shares	Number of shares	Value per share
-----------------	------------------	-----------------

6. CONTACT PERSON DETAILS

(please use the page "Supplement 1" for additional information)

Full name

Tel./Fax/E-mail

Occupation

7. SHAREHOLDER (√)

Nominee shareholder provided by Korpus Prava(√)	Yes	No
---	-----	----

7.1. If "Yes", please specify: (√):	Physical person	Legal entity
-------------------------------------	-----------------	--------------

7.2. If "No", please specify: (√):	Physical person	Legal entity
------------------------------------	-----------------	--------------

7.2.1. For physical person, please specify:

Full name

Tel./Fax/E-mail

Occupation

Number of shares

7.2.2. For legal entity, please specify:

Name of the company

Number of shares

8. BENEFICIAL OWNER

(please use the page "Supplement 1" for additional information)

Full name

Tel./Fax/E-mail

Occupation

Number of shares

9. DIRECTOR (√)

Director provided by Korpus Prava (√)	Yes	No
---	-----	----

9.1. If "Yes", please specify:	Physical person	Legal entity
--------------------------------	-----------------	--------------

9.2. If "No", please specify:	Physical person	Legal entity
-------------------------------	-----------------	--------------

9.2.1. For physical person, please specify:

Full name

Tel./Fax/E-mail

Occupation

9.2.2. For legal entity, please specify:

Name of the company

10. SECRETARY (not required for certain jurisdictions, e.g. BVI, Belize)

Secretary provided by Korpus Prava (✓)	Yes	No	Not required
--	-----	----	--------------

10.1. If "Yes", please specify: (✓):	Physical person	Legal entity
--	-----------------	--------------

10.2. If "No", please specify: (✓):	Physical person	Legal entity
---------------------------------------	-----------------	--------------

10.2.1. For physical person, please specify:

Full name

Tel./Fax/E-mail

Occupation

10.2.2. For legal entity, please specify:

Name of the company

11. AUDITOR (not required for certain jurisdictions, e.g. BVI, Belize)

Auditor provided by Korpus Prava (✓)	Yes	No	Not required
--	-----	----	--------------

If "No", please specify the name of the current auditor company:

12. U.S. CITIZENS OR RESIDENTS

12.1. Please indicate if Shareholder, Beneficial owner or Director are U.S. citizens/residents or taxpayers	Yes	No
---	-----	----

12.2. If "Yes", please indicate the position of the U.S. individual within the company	Shareholder	Beneficial Owner	Director
--	-------------	------------------	----------

12.3. Please specify passport/green card number, issue date, expiry date

12.4. U.S. mailing/residence address (including a U.S. post office box)

12.5. Current U.S. telephone number

C. OPENING A BANK ACCOUNT (✓)

Yes	No
-----	----

1. PLEASE SELECT A BANK (✓)

ABLV Bank (Latvia)	Julius Baer (Switzerland)
ABLV Bank (Luxembourg)	Banif Bank (Malta)
Baltikums Bank (Latvia)	Mashreq Bank (UAE)
Rigensis Bank (Latvia)	Bank of Singapore (Singapore)
Privatbank (Latvia)	Hang Seng (Hong Kong)
Trasta Komerzbanka (Latvia)	DBS (Hong Kong)
Citadele Bank (Latvia)	Barclays Bank (United Kingdom)
LGT Bank Österreich (Lichtenstein)	Other (please specify):

2. BANK ACCOUNT CURRENCY (✓)

EUR	USD	RUR	GBP
-----	-----	-----	-----

Another currency (please specify):

3. BANK SIGNATORY

Full name

Tel./Fax/E-mail

Occupation

Signatures (if more than one signatory) (✓)	separately	jointly
---	------------	---------

4. EXPECTED ANNUAL INCOME OF THE COMPANY (amount, currency)

5. EXPECTED ASSETS VALUE OF THE COMPANY

6. NAMES OF ANY RELATED COMPANIES (in case of a group of companies)

7. EXPECTED SOURCES OF INCOMING FUNDS

(ALL must be specified: names of partners, country of operation, main scope of business and country of the bank)

8. EXPECTED DESTINATIONS OF OUTGOING TRANSFERS (ALL must be specified: names of partners, country of operation, main scope of business and country of the bank)

9. EXPECTED ANNUAL TURNOVER OF THE ACCOUNT (amount, currency)

10. EXPECTED MONTHLY TURNOVER OF THE ACCOUNT

Incoming funds

Account Number AND average amount of the transactions

EUR

USD

RUR

GBP

Outgoing transfers

Account Number AND average amount of the transactions

EUR

USD

RUR

GBP

11. E-BANKING CONNECTION (✓)

Yes No

If "Yes", please appoint a user:

Full name

Tel./Fax/E-mail

Occupation

User E-Banking access (✓) Full access Limited access (view only)

Option to make payment orders by fax/e-mail/telephone (✓) Yes No

Visa Card (✓) Yes No

If "Yes", please specify: Debit Credit Currency

Cardholder

Full name

Tel./Fax/E-mail

Occupation

SIGNATURE

Full name

Date

Signature

SUPPLEMENT № 1

In case the information did not fit in the spaces above, or should you have any further specific requirements or comments, please provide these below or attach a separate sheet.