

Application Form

Trading Company Incorporation Application Form

Please fill in the following form and return to us electronically.

(1) Existing or Applying Company

Applicant Name	Click here to enter text.
Company Name (if applicable)	Click here to enter text.
Full Address	Click here to enter text.
Company Website Address (if applicable)	Click here to enter text.
Main Telephone Number (Company)	Click here to enter text.
Main Telephone Number (Applicant)	Click here to enter text.
Mobile Telephone Number (Applicant)	Click here to enter text.
Main Email Address (Company)	Click here to enter text.
Main Email Address (Applicant)	Click here to enter text.

(2) New Company Information

Country of Incorporation	<input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland (Republic of) <input type="checkbox"/> Gibraltar <input type="checkbox"/> Malta <input type="checkbox"/> Cyprus <input type="checkbox"/> Russia
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Requested Company Name (1 st Choice)	Click here to enter text.
Requested Company Name (2 nd Choice)	Click here to enter text.

(3) Registered Company Information

Option 1: A Registered Company Address Recommended by EMS	<input type="checkbox"/> An address recommended by EMS
Option 2: Your preferred Registered Company Address	Click here to enter text.
Company Website Address (if known)	Click here to enter text.

(4) Shareholding Information

Class of Share	<input type="checkbox"/> Ordinary
Quantity of Shares	<input type="checkbox"/> One Share (1) <input type="checkbox"/> One Hundred Shares (100) <input type="checkbox"/> One Thousand Shares (1000)
Price per Share (GBP)	<input type="checkbox"/> £1.00 (one Pound) <input type="checkbox"/> £0.10 (ten Pence) <input type="checkbox"/> £0.01 (one Pence)
Business Classification (SIC CODES): If unknown, please describe your business activities (100 words or less)	Click here to enter text.

(5) New Company Officer Information

Officer 1: Officer Position	<input type="checkbox"/> UBO (Ultimate Beneficial Owner) <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Share Percentage to be issued	Enter % of shares here
Share Quantity to be issued	Enter number of shares here
First Name	Click here to enter text.
Last Name	Click here to enter text.
Date of Birth	DD/MM/YYYY
Nationality	Click here to enter text.
Full Home Address	Click here to enter text.
Service Address (Company or Officer address to be held on public company records)	Click here to enter text.
Office Telephone Number	Click here to enter text.
Mobile Telephone Number	Click here to enter text.
E-mail Address	Click here to enter text.

IMPORTANT: Company Officer Authentication Information...

Town of Birth (First 3 Letters of Town of Birth)	Town of Birth First 3 Letters
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Mother's Maiden Name (First 3 Letters of Mother's Maiden Name)	Mother's Maiden Name First 3 Letters
Father's First Name (First 3 Letters of Father's Forename)	Father's Forename First 3 Letters
Identification Verification Documents (Please attach the following ID verification documents with this application)	<input type="checkbox"/> Utility Bill (dated within last 90 days) <input type="checkbox"/> Valid Passport (or other suitable photo ID)

Officer 2: Officer Position	<input type="checkbox"/> UBO (Ultimate Beneficial Owner) <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Share Percentage to be issued	Enter % of shares here
Share Quantity to be issued	Enter number of shares here
First Name	Click here to enter text.
Last Name	Click here to enter text.
Date of Birth	DD/MM/YYYY
Nationality	Click here to enter text.
Full Home Address	Click here to enter text.
Service Address (Company or Officer address to be held on public company records)	Click here to enter text.
Office Telephone Number	Click here to enter text.

Mobile Telephone Number	Click here to enter text.
E-mail Address	Click here to enter text.

IMPORTANT: Company Officer Authentication Information...

Town of Birth (First 3 Letters of Town of Birth)	Town of Birth First 3 Letters
Mother's Maiden Name (First 3 Letters of Mother's Maiden Name)	Mother's Maiden Name First 3 Letters
Father's First Name (First 3 Letters of Father's Forename)	Father's Forename First 3 Letters
Identification Verification Documents (Please attach the following ID verification documents with this application)	<input type="checkbox"/> Utility Bill (dated within last 90 days) <input type="checkbox"/> Valid Passport (or other suitable photo ID)

For additional Company Officers or Shareholders, please attach additional sheets or application copies.

Do you require Nominee Director(s)? (if YES, please contact EMS directly)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(6) Accountancy Requirements

Please confirm the name of the Director who will have the authority over the Business IBAM Account?	Click here to enter text.
Will the business require VAT registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business require quarterly VAT returns to be prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business require assistance with monthly/quarterly/annual Management Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business require assistance with annual returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(7) Business Model (ONLY REQUIRED FOR RUSSIAN APPLICATIONS)

<p>Please fully describe the intended business model, the route to market, and the customer journey.</p>	<p><i>Business model, route to market & customer journey</i></p>
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(8) Confirmation & Applicant Signature

<p>Please confirmation that all information is true & correct.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><i>Applicants Signature</i></p>	
<p><i>Applicants Name</i></p>	<p><i>Click here to enter text.</i></p>
<p><i>Company Name</i></p>	<p><i>Click here to enter text.</i></p>
<p><i>Applicant Job Title</i></p>	<p><i>Click here to enter text.</i></p>
<p><i>Date of Signature</i></p>	<p><i>Click or tap to enter a date.</i></p>

EMS Statement:

European Merchant Services (UK) Ltd, (EMS), hereby confirms that the information provided in this application shall not be shared and will be handled in a confidential manner at all times.