



**MERIDIAN
Financial Group**

Unfolding a world of international opportunity

**APPLICATION FOR THE FORMATION OF A PRIVATE
TURKS AND CAICOS COMPANY**

1. Preferred Company Names

- (a) 1st Choice _____
- (b) 2nd Choice _____
- (c) 3rd Choice _____

2. Will the business of the company be conducted mainly outside of the Turks and Caicos Islands?

Yes No

3. A default authorized share capital of 5,000 50,000 shares shall be registered.

If an alternative structure is preferred other than standard, please specify (company registration fee may increase as a result):

If other than standard, please specify:

- (a) Authorized or Nominal Capital _____
- (b) Number of Shares to be Registered _____
- (c) Value per Share \$ _____

4. A summary of the assets, and proposed activities of the company together with a brief profile of the way the affairs of the company will be conducted.

If a trading company, what goods will the company be trading, where bought, where sold etc.

5. Is Meridian Trust Company Limited required to provide a registered office or agent?

Yes No (If No, please indicate appropriate details in section 13)



6. Is Meridian Trust Company Limited required to provide nominee shareholders?

Yes

No

(If No, please indicate Registered Shareholders in section 7a.)

7. (a) Details of Registered Shareholder(s) OR Details of Beneficial Owner(s)

(i) Name:

Address:

Number of Shares

Email Address:

Telephone Number:

(ii) Name:

Address:

Number of Shares:

Email Address:

Telephone Number:

8. Is Meridian Trust Company Limited required to provide a Director(s)?

Yes

No

(If No, please complete 8a.)

(a) First Director(s):

(i) Name:

Address:

Email Address:

Telephone Number:

(ii) Name:

Address:

Email Address:

Telephone Number:



9. Is Meridian Trust Company Limited required to provide a Company Secretary?

Yes No (If No, please complete 9a.)

(a) First Officer(s) (e.g. Chairman, Secretary, Treasurer)

(i) Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

(ii) Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

10. Details of person to whom incorporation documents and future correspondence is to be addressed

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

(This space intentionally left blank, please proceed to next page)



11. Is Meridian Trust Company Limited required to hold the shares of the company on trust as a Professional Trustee?

Yes

No

(If No, please proceed to section 13)

TRUST NAME (Generally the first word of the company): _____

12. (a) SETTLOR DETAILS

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

(b) PROTECTOR DETAILS

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

(c) BENEFICIARY DETAILS

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

13. If any special instructions, please specify



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This application shall be governed by and construed in accordance with the laws of the Turks and Caicos Islands.

I/We declare and confirm that the above information is true and correct and that the proposed company mentioned above, will not be used for money laundering, to receive the proceeds of drug trafficking, terrorist activities, trading in arms and weapons, any other illegal activity, or in a manner likely to damage the good name of the Turks and Caicos Islands, Meridian Trust Company Limited, or any of its associated companies.

Dated at _____ this ____ day of _____, 20____

Name of Principal

Signature of Principal

Please attach the following:

1. Two, written, confidential references on each Director, Officer and Shareholder or Beneficial Owner, one of which must be a financial reference from a recognized commercial bank and the other must be a personal reference from a practicing lawyer, accountant, or other professional known the applicant for at least three years.
2. Notarized copies of the identification pages of a valid passport and driver's license in respect of each director, officer and shareholder or beneficial owner (if already provided in respect of another matter, please declare to that effect).
3. A recent copy (within 6 months) of a Utility bill, bank credit card statement to confirm your residential address.
4. Completed and signed Personal Details Form.

Please return the completed form to:

MERIDIAN FINANCIAL GROUP
P.O BOX 599, LEVEL 2, LE VELE PLAZA,
GRACE BAY, PROVIDENCIALES,
TURKS & CAICOS ISLANDS, B.W.I
Tel (649) 941 3082 Fax (649) 941 3223
Email: Barbara.virgil@meridiantrust.tc



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PERSONAL DETAILS FORM

Name of Company: _____

Connection to Entity: Shareholder Beneficial Owner Director Secretary

% Shareholding _____

Surname: _____

Annual Income: \$ _____ (USD)

Forenames: _____

Source of Funds _____

Title (Mr., Mrs., etc) _____

Residential Address: _____

Date of Birth: ____/____/____

Town of Birth: _____

Marital Status _____

Telephone Number: +__ (____) ____ - ____

Number of Dependents _____

Email Address: _____

Nationality _____

How many years have you lived at this address? _____

Are you a citizen in more than one country? Yes No

If less than 3 years, please list your previous address

Are you a United States Person? Yes No

Citizenship Details: _____

Occupation, Industry: _____ , _____

Country of Residence: _____

Name of Employer: _____

Country of Tax Residence: _____

Address of Employer: _____

U.S. Social Security Number (if applicable): _____

Telephone Number: +__ (____) ____ - ____

Passport Number: _____

Email of Employer: _____

Country of Issue: _____

Date of Issue: ____/____/____

Signature: _____

Date of Expiry: ____/____/____

Date: ____/____/____

Declaration: I hereby declare that the details furnished above are true and correct and to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.