



Consulate of the Republic of Seychelles



Company Incorporation Form

1. Please state the required name of the Company (*in order of preference*)

A. B.

2. Main business activities.....

3. Proposed Director(s) (*If nominee directors are required please tick box*)

A.
B.
C.

4. Authorized Share Capital US\$.....
(*Please note that the Annual License Fee will vary according to the Share Capital*)

5. Special Instructions for Share Certificates (*please specify*)

A. Holder or Bearer.....
B. No. of Share Certificates.....
C. No. of Shares per Certificate.....
D. Value of each Share.....

6. Please state the name and address you would like this company documentation to be sent to.

Name:

Address:
.....

7. Other specific requests or instructions

.....
.....
.....

Name :

Signature :

Date : ___ / ___ / ___

FAX OR MAIL YOUR REQUEST FORM TO:
Consulate of the Republic of Seychelles
178 Kifissias Ave., (4th Floor)
Halandri - 152 31
Athens
Fax: +30 210 677 5860