



Company Services Application Form

(1) Applicant's Information			
Name		Mobile / Tel	
Email Address		Fax	

(2) Application Details			
Company Name (English)		Limited	
Company Name (Chinese)		有限公司	
Registered Capital	<input type="checkbox"/> 10,000 Shares @ HK\$1.00 Each <input type="checkbox"/> Others (Please Specify): _____		
Business Nature		Industry	
Company Address	<input type="checkbox"/> Use our Virtual Office Service <input type="checkbox"/> Others (Please Specify): _____		

(3) Company Secretary & Designative Representative Information			
<input type="checkbox"/> Use our Company Secretarial & Designated Representative Service/ or please provide the following information			
Name of Company Secretary & Designated Representative	English		Chinese
	Contact No		
Occupation/ Title	English	HKID/ Company No.	
Residential Address	English		

(4) Information of Shareholder(s), Director(s) & Beneficial Owner(s)

Applicant 1	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director	<input type="checkbox"/> Significant Controller	<input type="checkbox"/> Beneficiary Owner
Applicant Name	English			
	Chinese			
Occupation	English		No of shares	
HKID No./Passport No.			Issuing Country	
Residential Address	English			

Applicant 2	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director	<input type="checkbox"/> Significant Controller	<input type="checkbox"/> Beneficiary Owner
Applicant Name	English			
	Chinese			
Occupation	English		No of shares	
HKID No./Passport No.			Issuing Country	
Residential Address	English			

Applicant 3	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director	<input type="checkbox"/> Significant Controller	<input type="checkbox"/> Beneficiary Owner
Applicant Name	English			
	Chinese			
Occupation	English		No of shares	
HKID No./Passport No.			Issuing Country	
Residential Address	English			

* For each applicant, please provide (1) Certified/Notarized Copy of HKID or Passport, and (2) proof of residential address document such as utility bill or bank statement for verification purpose.

(5) Free Document Delivery Service (Hong Kong, Macau, China and Taiwai only)	
<input type="checkbox"/> Collect in our office	<input type="checkbox"/> By Courier Contact Person: _____ Telephone: () _____ Delivery Address: _____

(6) How do you know Hong Kong Accounting?		
<input type="checkbox"/> Internet	<input type="checkbox"/> Friends	<input type="checkbox"/> Others (Please Specify) _____

(7) Source of Fund		
<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Business Profits	<input type="checkbox"/> Others (Please Specify) _____

(8) Declaration
<p>I permit all information to be released for completing the registration. I understand that the formal company incorporation documents will be taken as a record in the government search record and I understand the administration of Limited Company Registration do not relate to Hong Kong Accounting. I also accept that the payment for this service is non-refundable under any circumstances.</p> <p>I understand that according to the "Companies (Amendment) Ordinance 2018", if any person knowingly or recklessly makes a statement which is misleading, false or deceptive in any material particular in the Significant Controllers Register, it is a criminal offence in Hong Kong.</p> <p>I certify that all the above information is true</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p>