

COMPANY FORMATION ORDER FORM

YOUR Details (for invoicing & delivery purposes)

Name: _____ Practice (if applicable) _____

Address: _____ Eircode _____

Tel: _____ Fax: _____ Email: _____

COMPANY Details

Ist Choice Company Name: _____

2nd Choice Company Name: _____

Company Type: (please tick) LTD DAC

Activities of Company: _____ NACE Code: _____

Registered Office: _____ Eircode _____

Place in the State where the Activity will be carried on (if different from above) _____

Central Administration of the Company will be carried on at (if different from above): _____

Authorised Share Capital: _____

(if not completed Corporate Access will use a standard €100,000 divided into 100,000 ordinary share of €1.00 each)

DIRECTORS (At least one required)

Name: _____

Name: _____

Residential Address _____

Residential Address _____

_____ Eircode _____

_____ Eircode _____

Occupation _____

Nationality _____

Nationality _____

Date of Birth _____

Date of Birth _____

Other Directorship (past and present) _____

Other Directorships (past and present) _____

COMPANY SECRETARY Name: _____ Date of Birth _____

Address: _____ Eircode _____ Nationality _____

SHAREHOLDERS (at least one required)

Name: _____

Name: _____

Address _____

Address _____

Number of Shares held _____

Number of Shares held _____

ACCOUNT DETAILS

1. Do you have an account with Corporate Access? Y/N (*only applicable to practising solicitors / accountants*)
2. If N, please confirm payment will be forwarded within 24 hours ORDER WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED
3. I/WE HEREBY CONFIRM THAT THE ABOVE PARTICULARS ARE CORRECT _____ DATE _____

ADDITIONAL INFORMATION