

MY KY LIMITED

INFORMATION REQUIRED TO ACT AS SERVICE AGENT PURSUANT TO THE PROVISIONS OF PART IX OF THE COMPANIES LAW

COMPANY:

Name of Company: _____

Country of incorporation: _____

Shareholder(s) (1) Name: _____
(or equivalent e.g. member. Address: _____
Please specify correct title) _____
Phone: _____
Fax: _____
E-Mail _____
Citizenship/Residency: _____
Occupation: _____

(2) Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail _____
Citizenship/Residency: _____
Occupation: _____

Director(s) (1) Name: _____
(or equivalent e.g. manager. Address: _____
Please specify correct title) _____
Phone: _____
Fax: _____
Citizenship/Residency: _____
Occupation: _____
Email _____

(2) Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____
Citizenship/Residency: _____
Occupation: _____

Persons Authorised to give instructions to the Company: Please list below the persons, other than the shareholders and directors, who are authorised to give instructions with respect to the Company.

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact information: Details of the person who will serve as contact person for mailings/billings for the company.

Name: _____

Address: _____

Phone: _____

Fax: _____

MY KY Limited
Via San Giovanni Battista, 4
Montalto Ligure, IM-18010
Italy

Tel: +39 0184 192 8461

Mob: +39 333 147 4943

Email: showie@myregistrationcayman.com

Website: www.myregistrationcayman.com

INFORMATION REQUIRED:

- Two **original** written letters of reference for each director and shareholder of the company, one from a bank and one from recognised professional firm that have known the party for at least 3 years and are able to confirm the existence of that relationship and that the relationship has been satisfactory. The references may be addressed “to whom it may concern”. Example references are attached.
- Original notarised legible photocopies of two documents with photographic identification (passport, driver’s licence, social security card etc.) showing a signature and residential address for each director and shareholder. An example form of notary certificate is attached.
- Certified true corporate formation documents (e.g. memorandum and articles of association and certificate of incorporation or equivalent) and certified true registers of directors, officers, members and mortgages and charges (or equivalent) and a certificate of good standing. **The copies of the formation documents (e.g. memorandum and articles of association and certificate of incorporation or equivalent) and, if possible, the register of directors and officers need to be certified true by the Registrar of Companies or the equivalent authority with which the company was incorporated/registered. The certificate of good standing for the Company should be from the Registrar of Companies or the equivalent authority.** The copies of the other documents may be certified as true by the company secretary, a lawyer, notary or other professional advisor. **WE MUST HAVE THIS DOCUMENTATION TO REGISTER AND QUALIFY THE FOREIGN COMPANY IN THE CAYMAN ISLANDS**
- Information on how the Company has generated its assets and generates income/funds. For instance:-

Question

Answer (required)

What is the company's business?
Please provide brief details:

- Please provide some method by which we can verify this information e.g. a web-site, copy of financial statements etc.

[ON PROFESSIONAL'S HEADED NOTE PAPER]

1 Example of Professional Reference

[date]

SERVICE PROVIDER

Dear Sirs,

Re: []

I have known [] for [] years^{*} and, during that period, he has always been, to best of my knowledge, [honest and respectable][a person of good character and integrity][trustworthy][honourable]. [] is, by occupation a [] and has, to the best of my knowledge, not been convicted of any criminal offences or been made bankrupt at any time. The address we have on file for [] is []^{**}. I can, without hesitation, recommend [].

Should you require any further information, please do not hesitate to contact me.

Yours faithfully

[]

* Note that the period must be at least three years

** Please specify address

[ON BANK'S HEADED NOTE PAPER]

Example Bank Reference

[date]

SERVICE PROVIDER

Dear Sirs,

Re: []

Mr.[] has been a customer of [] for [] years*. During this time, his accounts have been managed in a proper manner. The average balance on his accounts for the last [year/six months] has been in the [four/five/six] figure range.

Should you require any further information, please do not hesitate to contact me.

Yours faithfully

[]

*

Note that the period must be at least three years

NOTARY CERTIFICATE

The photocopy document(s) attached hereto is a true copy of the original document(s) and that the photo(s) is a true likeness of _____.[insert name of director/shareholder]

Signed: _____

Notary Public

Date:

Address:

Telephone:

My commission expires: