

Order Form „UK Private Limited Company“

Fax: +43 5550 22516

1. Client	<input type="checkbox"/> New client	<input type="checkbox"/> Existing client	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Company
Company	Phone		
Name, Surname	Fax		
Street / Nr. / Door:	Mobile		
Country, Zip, Place	E-Mail		
VAT-Number	Date of birth		

2. Billing address (if deviant from client)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Company
Name or Company	Phone
Street/ Number/ Door	Fax
Zip/ Place	Country
VAT-Number	E-Mail

3. Contact details for correspondence in future (if deviant from client)	
Street/ Number/ Door	Mobile
Zip, Place	Fax
Phone	E-Mail

4. Company name
Company name 1
Company name 2
Company name 3

5. Informations to desired share capital	
Desired amount of share capital (nominal capital)	
Desired partition of the shares	
<small>Österreich: € 0,01 [(0,01 €) F000,- Euro •] in 1000] oder, 0,01 € -1,- Euro (0,01 € / 1 €)</small>	

6. Commercial – Which commercials are practised as part of the activities in your organisation?
Commercial 1
Commercial 2
Commercial 3
Commercial 4

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 Email: info@insolution.at ■ Web: www.insolution.at

FBN: 269756a ■ USt.ID: AT U61279217 ■ Co 04728940 (England & Wales)
 Kto: 515 4008 2202; BLZ: 12000; Bank Austria ■ IBAN: AT171200051540082202 ■ BIC: BKAUATWW

7. Future place of business / address of the planned location (e.g. Business address in UK, Germany, Austria,..)		
Street/ Number/ Door	How many m ² does your place of business have?	
Zip, Place		
Country		
Will your company be active in UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desired accounting date of the company:	<input type="checkbox"/> 31.12	<input type="checkbox"/>

8. Selection of the foundation package			
Package S Basic	<input type="checkbox"/> (180,- Euro)	Package XL Companies Register	<input type="checkbox"/> (1.800,- Euro)
Package M Basic Plus	<input type="checkbox"/> (480,- Euro)	Package XXL LTD & Co KG	<input type="checkbox"/> (1.870,- Euro)
Package L Branch Office	<input type="checkbox"/> (850,- Euro)	According offer Nr.:	

9. Selection of the service package	
„All Inclusive Compliance Servicepackage“ (follow-up costs from the 2nd trading year)	<input checked="" type="checkbox"/> (280,- Euro p.a.)
Issue of accounts on UK GAAP (on due date)	<input type="checkbox"/> (190,- Euro)
Fiduciary posture of the Secretary by Insolution Ltd	<input type="checkbox"/> (90,- Euro p.a.)
Fiduciary posture of the Shareholders by Insolution Ltd	<input type="checkbox"/> (380,- Euro p.a.)
Service feature according offer	<input type="checkbox"/>
explicitly no support required	<input type="checkbox"/>

10. Other Comment/ Information

With my signature I confirm the correctness of the provided information and confirm the Terms and Conditions of Insolution Ltd to have taken note. Insolution Ltd is entitled to store the data within the scope of the running business connection. According to data protection the transmission to third persons does not occur. Herewith I confirm the obliging order.

11. Place, Date and Signature
x

According to the valid money-laundering law we are obliged to check and to keep records of the legitimization of every shareholder or every manager (director) Therefore we ask you to add the following documents certified by municipality or notary:

- > certified passport copy or identity card (not older than three months)
- > Registration proof or registration confirmation (not older than three months)
- > with legal entities a topical company extract (not older than three months)

Personal Data Sheet

Person 1 <input type="checkbox"/> Director		<input type="checkbox"/> Shareholder		<input type="checkbox"/> Secretary*	
Title, Name			Phone		
Street / Nr. /Door			Fax		
Zip, Place			Mobile		
Country			E-Mail		
Citizenship			Date of birth		
Eye color			Place of birth		
Desired involvement at company in %					

Person 2 <input type="checkbox"/> Director		<input type="checkbox"/> Shareholder		<input type="checkbox"/> Secretary*	
Title, Name			Phone		
Street / Nr. /Door			Fax		
Zip, Place			Mobile		
Country			E-Mail		
Citizenship			Date of birth		
Eye color			Place of birth		
Desired involvement at company in %					

Person 3 <input type="checkbox"/> Director		<input type="checkbox"/> Shareholder		<input type="checkbox"/> Secretary*	
Title, Name			Phone		
Street / Nr. /Door			Fax		
Zip, Place			Mobile		
Country			E-Mail		
Citizenship			Date of birth		
Eye color			Place of birth		
Desired involvement at company in %					

Person 4 <input type="checkbox"/> Director		<input type="checkbox"/> Shareholder		<input type="checkbox"/> Secretary*	
Title, Name			Phone		
Street / Nr. /Door			Fax		
Zip, Place			Mobile		
Country			E-Mail		
Citizenship			Date of birth		
Eye color			Place of birth		
Desired involvement at company in %					

* if not provided in the act of fiduciary capacity