

電話: (852) 3678 3000 傳真: (852) 3678 8300 電郵: info@aegis.com.hk

## APPLICATION FORM FOR HONG KONG LIMITED COMPANY

## 1. CLIENT INFORMATION 1.1 Connection to the Company – tick the appropriate box(es) ☐ Contact Person □ Director ☐ Shareholder □ Beneficial Owner 1.2 Client Personal Information – tick the appropriate box(es) Title ☐ Mr. ☐ Ms ☐ Miss □ Dr Name in Chinese: Name in English: Surname: Other names: **Passport** Nationality: No./ID No.: Tel No.: Fax No.: Mobile No.: Email: Residential address: 2. PROPOSED COMPANY 2.1 Proposed Company Name **English Name: Chinese Name:** First Choice: Alternative One: Alternative Two: 2.2 Business Nature – tick the appropriate box(es) ☐ Investment ☐ Trading ☐ Consultancy ☐ Holding □ Others Specify in details: 2.3 Proposed address of the Company's Registered Office in Hong Kong Address:

2.4	Company Secret	tary					
Nar	ne in Chinese:						
Nar	ne in English:						
HKI	D/passport no./						
Co. registration no.:							
Address:							
2.5	Share Capital an	nd Initial Shareholdings o	on the C	Compai	nv's Fori	mation	
					_		Total amazint to be
	Class of shares (e.g. Ordinary/ Preference etc.)	shares proposed	Curre	ncy	Subscrib	apital to be	Total amount to be paid up or to be regarded as paid up on the shares proposed to be issued
1.	Founder Member		Dr – tio	k the a	ppropriat	e box(es)	
	ne in Chinese:						
Name in English: Surname:				Other	names:		
Passport No./ID No.:		1			nality:		
Res	idential address:						
		s not the beneficial owner of the below sh					
Sha	re Capital to be sul	bscribed:					
				Shares Proposed to be is			
Class of shares (e.g. Ordina Preference etc.)		Ordinary/	Total	otal Number		Currency	Total Amount

Total:

2. Title □ Mr. □	Ms □ Miss □ □	Or – tick the appropria	ate box(es)	
Name in Chinese:				
Name in English: Surname:		Other names	:	
Passport No./ID No.:		Nationality:		
Residential address:				
☐ If the shareholder is not Share(s), the beneficial				
Share Capital to be subscri	bed:			
			ed to be issued	to the Member
Class of shares (e.g. Ordinary/ Preference etc.)		Total Number	Currency	Total Amount
	Total:			
	Ms	Or – tick the appropria	ate box(es)	
Name in Chinese:				
Name in English: Surname:		Other names	:	
Passport No./ID No.:		Nationality:		
Residential address:				
☐ If the shareholder is not Share(s), the beneficial				
Share Capital to be subscri	bed:			
				to the Member
Class of shares (e.g. Ordinary/ Preference etc.)		Total Number	Currency	Total Amount
	Total:			

4 Tu M	
1. Title ☐ Mr.	☐ Ms ☐ Miss ☐ Dr – tick the appropriate box(es)
Name in Chinese:	
Name in English: Surname:	Other names:
Passport No./ID No.:	Nationality:
Residential address:	
2. Title ☐ Mr.	☐ Ms ☐ Miss ☐ Dr – tick the appropriate box(es)
Name in Chinese:	
Name in English: Surname:	Other names:
Passport No./ID No.:	Nationality:
Residential address:	
3. Title ☐ Mr.	$\square$ Ms $\square$ Miss $\square$ Dr – tick the appropriate box(es)
Name in Chinese:	
Name in English: Surname:	Other names:
Passport No./ID No.:	Nationality:
Residential address:	
2.8 Declaration	
	er of this Company or an authorized person of a founder member, which is a body ole) and am authorized by the other founder members (if any) to sign this application
The information and pa	articulars contained in this form are correct and accurate.
Signature:	
Name:	Date:

2.7 Directors