



FORWARD ASSOCIATES LIMITED
BVI COMPANY FORMATION QUESTIONNAIRE

1. COMPANY INFORMATION:

CLIENT DETAILS

Name of Firm\Individual: _____

Name of Contact: _____

2. ADDRESS

Physical Address: _____

Phone: _____

Email: _____

Website Address: _____

3. MAILING ADDRESS (If different from above)

4. INTENDED ACTIVITIES OF COMPANY (Please provide as much detail as possible)

- Own Vessel
Country of registration _____
- Own Aircraft
Country where aircraft is registered _____
- Own Real Estate
Country where property is located _____
- Own Bank Account
Name of Institution _____
Address of Institution:
Street _____
City _____ State _____
Postal Code _____ Country _____
- Own Investment Portfolio
Name of Institution _____
Address of Institution:
Street _____
City _____ State _____
Postal Code _____ Country _____
- Hold Trust Assets
Trust Name _____
- Investment Vehicle (hold shares in other companies, intellectual property, etc.)
- Other (Please provide details below)



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Please describe/identify the asset(s) that will be held by the company.

Please indicate the estimated value of the assets identified above.

Please provide a detailed description of the company's proposed business activities.

Please indicate where the activities of the company will take place.

Jurisdiction not on the FATF grey or black lists

FATF grey-listed jurisdiction

Please specify country _____

FATF black-listed jurisdiction

Please specify country _____

5. PROPOSED NAME OF COMPANY TO BE FORMED

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

6. COMPANY STRUCTURE (Please tick one)

Limited by Shares

Limited by Guarantee (*Authorised to Issue Shares*)

Limited by Guarantee (*Not Authorised to Issue Shares*)

Unlimited (*Authorised to Issue Shares*)

Restricted Purpose Company

Segregated Portfolio Company

7. MEMORANDUM AND ARTICLES OF ASSOCIATION

Standard Format

(the objects of the company are to engage in activities that are not prohibited under any law for the time being in force in the British Virgin Islands. Our standard Memorandum provided only for the issue of registered shares)

Special object clauses (*please specify*)



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8. AUTHORISED SHARES

No. of Authorised Shares: _____
Standard 50,000 _____ Other _____
Par Value of Authorised Shares: _____
Standard \$1.00 Par _____ Other _____

9. SHARES TO BE ISSUED

Please complete if company is authorised to issue shares

Shareholder #1

Name of shareholder/Custodian _____
Address of Shareholder/Custodian _____
No. of share certificates to be issued _____
Number of shares per certificate _____

Shareholder #2

Name of shareholder/Custodian _____
Address of Shareholder/Custodian _____
No. of share certificates to be issued _____
Number of shares per certificate _____

NOTE: It is customary for companies to be incorporated using Forward's standard memorandum and articles of association. Such companies are limited to shares with \$1.00 par value and are prohibited from issuing bearer shares.

Should you wish to incorporate a company with the provision to issue bearer shares, please note that all bearer share certificates must be deposited with an Authorised or recognized Custodian upon issue. Failure to do so will result in the immobilization of the bearer shares by law.

10. SOURCE OF FUNDS /WEALTH *(Please explain how the company's activities will be funded whether by funds of beneficial owner, loan, etc and also background information regarding client's entire body of wealth)*

- Salary/Personal Earnings (Please provide details of employment/earnings below.)
- Loan (Please indicate name and country of bank below.)
- Inheritance (Please indicate how funds inherited were derived prior to inheritance.)
- Sale of Assets (Please provide details of assets sold below.)
- Spousal Support (Please provide details of spouses employment/earnings below.)
- Other (Please provide a clear and self-explanatory description below.)



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Are there any related companies/trusts created by the client?

11. NAME AND ADDRESS OF BENEFICIAL OWNER(S)

Beneficial Owner #1:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____

Beneficial Owner #2:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____



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Beneficial Owner #3:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____

Beneficial Owner #4:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____

DO YOU HOLD DUAL/MULTI NATIONALITIES? (If so list all nationalities) Yes No

1. _____
2. _____

Please confirm country of tax residence:

1. _____
2. _____



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Is Beneficial Owner a Politically Exposed Person or is closely related to or connected to a Politically Exposed Person. (A Politically Exposed Person (PEP) is defined by the Financial Action Task Force (FATF) as an individual who is or has been entrusted with a prominent public function.)

Yes No (If yes, please explain)

12. DIRECTORS (minimum of one)

Director #1:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____

Director #2:

Name(s) _____
Physical Address:
Street _____
City _____ State _____
Postal Code _____ Country _____
Mailing Address (if different):
Street _____
City _____ State _____
Postal Code _____ Country _____
Telephone _____ Fax _____
Email _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Passport Details: Passport Number _____
Issuing Country _____ Date of Expiry: _____



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Address for service of documents:

Alternatively, Forward can also act as corporate director, through Forward Fiduciaries Limited**

Would you like for Forward to act as corporate director? Yes No

** There is a fee for this service.

Under current legislation, it is a requirement that you or Forward hold an original current list of directors and that you advise your Registered Agent (*i.e. Forward*) within fifteen (15) days of any changes. If you will maintain the Register of Directors, a copy must be provided to our office.

Where will the original register be maintained?

13. SHAREHOLDER(S) (a minimum of one share can be issued)

Name(s) _____
Residential Physical Address (No P. O. Box No.):
Street _____
City _____ State _____
Postal Code _____ Country _____
Occupation: _____ Types of Shares: _____
No. of Shares _____

Alternatively, Forward can act as shareholder**

Would you like for Forward to act as nominee shareholder? Yes No

If yes, indicate the number of shares to be issued to Forward Nominees Limited.

** There is a fee for this service.



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Name and address of beneficial owner(s) of shares to be held by Forward Nominees Limited

Name(s) _____
Residential Physical Address (No P. O. Box No.):
Street _____
City _____ State _____
Postal Code _____ Country _____

14. OFFICER(S), if any (there are no statutory requirements to have a secretary or any other officer)

Name(s) _____
Residential Physical Address (No P. O. Box No.):
Street _____
City _____ State _____
Postal Code _____ Country _____
Occupation: _____

Alternatively, Forward can act as Secretary or other officer. **

Would you like us to do so? Yes No

Position or office to be held by Forward Secretaries Limited?

** There is a fee for this service.

15. LOCATION OF BOOK AND RECORDS OF THE COMPANY

Corporate Records of the company will be held at (please give full address of location)

Name(s) _____
Residential Physical Address (No P. O. Box No.):
Street _____
City _____ State _____
Postal Code _____ Country _____

Transaction Records of the company will be held at (please give full name of person & physical address of location)

Name(s) _____
Residential Physical Address (No P. O. Box No.):
Street _____
City _____ State _____
Postal Code _____ Country _____

**Forward can maintain the original records for a fee.



**FORWARD ASSOCIATES LIMITED
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16. DECLARATION OF INFORMATION

Name(s) _____
Address: _____
Street _____
City _____ State _____
Postal Code _____ Country _____

I/We, the undersigned, being the beneficial owner (s)/acting as agent with full authority of the beneficial owner(s) of the company, request that Forward Associates Limited arrange for a service provider to provide Registered Agent and Registered Office Services to the Company, in accordance with its standard terms and conditions and accept the terms and conditions as are currently in force and accept that they may change from time to time.

I/We declare that the above BVI Business Company shall not engage in activities contrary to the laws of the British Virgin Islands as well as the laws applicable in any jurisdiction in which the Company may operate. I/We declare that the information stated herein is true to the best of my/our knowledge and belief and that I am/we are bound by the statements given herein. I/We confirm that should any changes occur to the information contained herein, I/we will immediately inform Forward Associates Limited

I/We agree to be bound by your standard fee scale, unless otherwise agreed.

Print Name Here
Signed by Beneficial Owner/Agent

Date:

Print Name Here
Signed by Beneficial Owner/Agent

Date:



FORWARD ASSOCIATES LIMITED
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METHOD OF PAYMENT TO FORWARD

WIRE TRANSFER

Have your bank send funds to:

Banco Popular de Puerto Rico
1500 Ponce de Leon Avenue
Santurce, Puerto Rico
00901
Swift Code: BPPRRSX
Routing – 021-502-011

For final credit to:

Forward Associates Limited
A/c # 185 111 345

Reference: **(PLEASE INSERT COMPANY NAME or INVOICE NUMBER FOR IDENTIFICATION PURPOSES)**

Please include an additional \$40.00 to cover bank charges.

WHEN PAYING VIA DRAFT OR CHEQUE

Please ensure that all cheques are drawn on a US bank and made payable to **Forward Associates Limited**. Cheques drawn on other banks will not be accepted.

Should you require any additional information about Forward Associates Limited and its services, please contact us at the following address:

Forward Associates Limited
Palm Grove House,
P.O. Box 658
Road Town, Tortola
British Virgin Islands
Tel: 1 (284) 494 4150
Email: forwardassociatesbvi@gmail.com
Website: www.forwardassociatesbvi.com



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DUE DILIGENCE REQUIREMENTS

In order to comply with the due diligence requirements in the British Virgin Islands, please have each beneficial owner(s), director(s), shareholder(s) and officer(s) provide the following:

1. A certified or notarized copy of the identification page of a valid passport. (The certification should include the notary's name and full contact details (the certification should state "I hereby certify that I have seen the original passport and this is a complete and accurate copy of the original. I hereby certify that the photograph in the passport bears a true likeness to (name of owner/director).
2. Original or a certified/notarized copy of a utility bill evidencing the permanent address of the owner/director. If certified/notarized, the notary's name and full contact details must appear on the document along with the following language (*I hereby certify that I have seen the original utility bill and this is a complete and accurate copy of the original document*).
3. A reference letter from a bank or from a professional such as a lawyer or accountant. The letter must be presented on the individual's or firm's letterhead with full contact details visible. The letter must be addressed to Forward Associates Limited and confirms the length of time the beneficial owner/director/shareholder has been known to the referee (*this must be at least two years prior to the beginning of this relationship*) and state the quality of that relationship.

Where the proposed shareholder or director or officer is a company, the following will be required:

- a. A certified or notarized copy of the Certificate of Incorporation or other equivalent governing constitution;
- b. A certified or notarized copy of the Memorandum and Articles of Association or equivalent governing constitution;
- c. An authorized signatory listing (*bearing specimen signatures*);
- d. Copies of powers of attorney or other authorities given by the directors in relation to the company;
- e. An original Certificate of Good Standing;
- f. Certified or notarized copies of the Registers of Directors, Shareholders, Beneficial Owners and Officers;
- g. A signed directors' statement describing the company's principal place of business and the type and nature of the company's business engaged.

The following due diligence documentation on each director and each individual who owns ten percent or more of the company:

- ❖ *A certified or notarized copy of the identification page of a valid passport. (The certification should state "I hereby certify that I have seen the original passport and this is a complete and accurate copy of the original. I hereby certify that the photograph in the passport bears a true likeness to (name of owner/director). (Please see sample attached).*
- ❖ *A certified/notarized copy or an original utility bill, bank statement or credit/debit card statement addressed to the respective individual at the mailing address given; and, (Please see sample attached).*
- ❖ *An original reference from a banker or professional (e.g. accountant or lawyer). (The reference must state the length of the relationship with the bank or professional and that from personal knowledge or enquiries, the individual, is a suitable person with whom to do business. Such relationship must have existed for a minimum of two (2) year.) (Please see sample attached).*

REFERENCE LETTER – SPECIMEN

Date

Forward Associates Limited
Palm Grove House
P. O. Box 658
Road Town, Tortola
British Virgin Islands
VG1110

Dear Sir:

Full Name: [“the client”]
Passport/ID No.:
Full Residential Address:
.....

This is to certify that the individual named above:

- 1. is known to me and my [law firm/accounting firm/bank] for the past [state period known];
2. has been verified by my [law firm/accounting firm/bank] as to [his/her] identity;
3. has a professional relationship with my [law firm/accounting firm/bank]; and
4. is in good standing with my [law firm/accounting firm/bank].

Sincerely yours,

Note to Referee:

- ☐ The reference must be independent. A reference by a work colleague or a professional who has not had dealings with the individual in some form of professional capacity does not satisfy the relevant regulatory requirements.
☐ The reference should state the length of time the referee has known the beneficial owner/company officer. A period of at least one year is required.
☐ The reference should be provided on the referee’s letterhead.
☐ The reference must be addressed to Forward Associates Limited. A reference addressed “to whom it may concern” is not acceptable.

CERTIFICATION

Date:

I hereby certify that I have seen the original passport No. *(insert passport #)* of *(Insert Name of client)* and this is a complete and accurate copy of the original document. I hereby certify that the photograph in the passport bears a true likeness to *(Insert name of client)*.

(Name of Person Certifying Document)

Position or Capacity: (Notary/Lawyer/Banker/Accountant)

Address: (Insert Certifier's address)

Tel: (Insert Certifier's telephone number)

CERTIFICATION

Date:

I hereby certify that I have seen the original utility bill (insert reference/account No.) and this is a complete and accurate copy of the original document.

(Name of Person Certifying Document)

Position or Capacity: (Notary/Lawyer/Banker/Accountant)

Address: (Insert Certifier's address)

Tel: (Insert Certifier's telephone #)