

1. APPOINTMENT OF SHAREHOLDER		
Name of Company	1	
Date of appointment	2	
<p>The source of funding for the shares in the Company and/or assets held by the Company is (please give full description of where the funds originated; we reserve the right to request supporting documentation):</p> <hr/> <hr/>		
DETAILS	SHAREHOLDER 1	SHAREHOLDER 2
Name / Company Name:	3	4
Passport/ID No./Company No.:	5	6
Nationality (if you have citizenship or permanent residence in more than one country, please state) / Country of Origin (for corporate Entity):	7	8
Date of Birth / Date of Incorporation:	9	10
Residential Address / Business Operation Address:	11	12
Occupation (applicable for individual only) :	13 Type:	14 Type:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Business (applicable for individual only):	15 Nature:	16 Nature:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Number of Shares to be issued:	17 No. of shares:	18 No. of shares:
Telephone	19 + ()	20 + ()
e-mail	21	22

P O R T C U L L I S T R U S T (L A B U A N) L T D

DECLARATION AS TO US PERSONS STATUS						
Is the Shareholder a US Person for US tax purposes? (YES/NO)	²³ YES	NO	Please confirm each statement below by ticking either YES or NO	²⁴ YES	NO	Please confirm each statement below by ticking either YES or NO
	<input type="checkbox"/>	<input type="checkbox"/>		I am a citizen of the U.S. / a Company incorporated in U.S.	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	I am a Resident ¹ individual/ Company in U.S. (If you hold a Green Card, or if you have given up Green Card Status, please provide us all your documentary proof including the I-407.)	<input type="checkbox"/>	<input type="checkbox"/>	I am a Resident ¹ individual/ Company in U.S. (If you hold a Green Card, or if you have given up Green Card Status, please provide us all your documentary proof including the I-407.)	
<input type="checkbox"/>	<input type="checkbox"/>	I am an individual / Corporate agent for a U.S. Resident or citizen	<input type="checkbox"/>	<input type="checkbox"/>	I am an individual / Corporate agent for a U.S. Resident or citizen	

¹Substantial Presence Test – You are an US resident if you meet the substantial presence test for the calendar year. To meet this test, you must be physically present in the US on at least:

- a. 31 days during the current calendar year, and
- b. A total of 183 days during the 3 year period that includes the current year and the 2 preceding years, counting all the days of physical presence in the current year, but only 1/3 the number of days of presence in the first preceding year, and only 1/6 the number of days in the second preceding year.

I UNDERSTAND THAT PORTCULLIS TRUST (LABUAN) LTD:

1. will rely on the information included above when considering this application for services; and
2. is not responsible to provide me and/or the Company with any legal or tax advice and I confirm that we have not relied on Portcullis Trust (Labuan) Ltd to provide us with such advice.

Signature of shareholder 1: ²⁵	Signature of shareholder 2: ²⁶
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SOURCE OF WEALTH CONFIRMATION

Please provide detailed reply as to source of personal wealth	²⁷	²⁸
	<input type="checkbox"/> Employment Please provide details below as to Employer, business industry and position held. <input type="checkbox"/> Business Please provide details below as to Company, place of business, business industry and website details (if any). <input type="checkbox"/> My personal savings or assets Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> My Inheritance Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Benefits of transactions due to me all of which are known to me (please note that this includes dividends, bonuses, interest received from investments, et al.) Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Other Please provide details below for us to determine originating source of wealth. Further details:	<input type="checkbox"/> Employment Please provide details below as to Employer, business industry and position held. <input type="checkbox"/> Business Please provide details below as to Company, place of business, business industry and website details (if any). <input type="checkbox"/> My personal savings or assets Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> My Inheritance Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Benefits of transactions due to me all of which are known to me (please note that this includes dividends, bonuses, interest received from investments, et al.) Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Other Please provide details below for us to determine originating source of wealth. Further details:

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I confirm that the source of funding for the shares in the Company and/or the assets held by the Company now or at any time in the future are not/ will not be derived from or otherwise be connected with any activity which is unlawful either in their country of origin or in Labuan or where the Company does business.

I undertake that I will not use the Company to engage in any act or transaction which is unlawful under any applicable law, including, without limiting the generality of the above, any law against money-laundering, bribery or the financing of terrorism.

Signature of shareholder 1: ²⁹	Signature of shareholder 2: ³⁰
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5. BENEFICIAL OWNERS

Please provide below the names of the ultimate individual beneficial owners of the company to be incorporated. You may provide corporate beneficial owners only if they are a listed company or a regulated financial institution. **KINDLY NOTE THAT EACH BENEFICIAL OWNER IS REQUIRED TO PROVIDE DUE DILIGENCE INFORMATION AS OUTLINED IN THE *LABUAN COMPANIES DUE DILIGENCE MEMORANDUM*.**

DETAILS	BENEFICIAL OWNER 1	BENEFICIAL OWNER 2
Name: Please include any Chinese names (written in Chinese characters), aliases and former names.	³¹	³²
Occupation :	³³ Type:	³⁴ Type:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Business:	³⁵ Nature:	³⁶ Nature:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Passport/ID No.	³⁷	³⁸
Nationality (if you have citizenship or permanent residence in more than one country, please state)	³⁹	⁴⁰
Date of Birth	⁴¹	⁴²
Residential Address / Registered Office:	⁴³	⁴⁴
Telephone	⁴⁵	⁴⁶

e-mail	47	48					
DECLARATION AS TO US PERSONS STATUS							
Is the Beneficial owner a US Person for US tax purposes? (YES/NO)	⁴⁹ YES	NO	Please confirm each statement below by ticking either YES or NO	⁵⁰ YES	NO	Please confirm each statement below by ticking either YES or NO	
	<input type="checkbox"/>	<input type="checkbox"/>	I am a citizen of the U.S. / a Company incorporated in U.S.	<input type="checkbox"/>	<input type="checkbox"/>	I am a citizen of the U.S. / a Company incorporated in U.S.	
	<input type="checkbox"/>	<input type="checkbox"/>	I am a Resident ¹ individual/ Company in U.S. (If you hold a Green Card, or if you have given up Green Card Status, please provide us all your documentary proof including the I-407.)	<input type="checkbox"/>	<input type="checkbox"/>	I am a Resident ¹ individual/ Company in U.S. (If you hold a Green Card, or if you have given up Green Card Status, please provide us all your documentary proof including the I-407.)	
	<input type="checkbox"/>	<input type="checkbox"/>	I am an individual / Corporate agent for a U.S. Resident or citizen	<input type="checkbox"/>	<input type="checkbox"/>	I am an individual / Corporate agent for a U.S. Resident or citizen	
¹ Substantial Presence Test – You are an US resident if you meet the substantial presence test for the calendar year. To meet this test, you must be physically present in the US on at least: <ul style="list-style-type: none"> a. 31 days during the current calendar year, and b. A total of 183 days during the 3 year period that includes the current year and the 2 preceding years, counting all the days of physical presence in the current year, but only 1/3 the number of days of presence in the first preceding year, and only 1/6 the number of days in the second preceding year. <p>I UNDERSTAND THAT PORTCULLIS TRUST (LABUAN) LTD:</p> <ol style="list-style-type: none"> 1. will rely on the information included above when considering this application for services; and 2. is not responsible to provide me and/or the Company with any legal or tax advice and I confirm that we have not relied on Portcullis Trust (Labuan) Ltd to provide us with such advice. 							
Signature of Beneficial Owner 1: ⁵¹			Signature of Beneficial Owner 2: ⁵²				
SOURCE OF WEALTH CONFIRMATION							
Please provide detailed reply as to source of personal / company wealth	⁵³	<input type="checkbox"/> Employment Please provide details below as to Employer, business industry and position held. <input type="checkbox"/> Business Please provide details below as to Company, place of business, business industry and website details (if any). <input type="checkbox"/> My personal savings or assets Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> My Inheritance Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Benefits of transactions due to me all of which are known to me (please note that this includes dividends, bonuses, interest received from investments, et al.) Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Other Please provide details below for us to determine originating source of wealth. Further details:			⁵⁴	<input type="checkbox"/> Employment Please provide details below as to Employer, business industry and position held. <input type="checkbox"/> Business Please provide details below as to Company, place of business, business industry and website details (if any). <input type="checkbox"/> My personal savings or assets Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> My Inheritance Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Benefits of transactions due to me all of which are known to me (please note that this includes dividends, bonuses, interest received from investments, et al.) Please provide details below for us to determine originating source of wealth. <input type="checkbox"/> Other Please provide details below for us to determine originating source of wealth. Further details:	

<p>I confirm that the source of funding for the shares in the Company and/or the assets held by the Company now or at any time in the future are not/ will not be derived from or otherwise be connected with any activity which is unlawful either in their country of origin or in Labuan or where the Company does business.</p> <p>I undertake that I will not use the Company to engage in any act or transaction which is unlawful under any applicable law, including, without limiting the generality of the above, any law against money-laundering, bribery or the financing of terrorism.</p>		
Signature of Beneficial Owner 1: ⁵⁵		Signature of Beneficial Owner 2: ⁵⁶

6. ULTIMATE BENEFICIAL OWNERS

DETAILS	ULTIMATE BENEFICIAL OWNER 1	ULTIMATE BENEFICIAL OWNER 2
Name	57	58
Passport/ID No.	59	60
Nationality (if you have citizenship or permanent residence in more than one country, please state)	61	62
Date of Birth	63	64
Usual Residential /Office Address	65	66
Occupation :	67 Type:	68 Type:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Business:	69 Nature:	70 Nature:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Telephone	71 + ()	72 + ()
Facsimile	73 + ()	74 + ()
Email Address	75	76

7. AUTHORISED REPRESENTATIVES

DETAILS	AUTHORISED REPRESENTATIVE 1	AUTHORISED REPRESENTATIVE 2
Name	77	78
Passport/ID No.	79	80
Nationality (if you have citizenship or permanent residence in more than one country, please state)	81	82

Date of Birth	83	84
Usual Residential /Office Address	85	86
Occupation :	87 Type:	88 Type:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Business:	89 Nature:	90 Nature:
	Full Company Name:	Full Company Name:
	Company Number:	Company Number:
Telephone	91 + ()	92 + ()
Facsimile	93 + ()	94 + ()
Email Address	95	96