

# DOMINICA MARITIME REGISTRY INC.

## Office of the Maritime Affairs



### DOMINICA IBC INCORPORATION APPLICATION

I/We certify the information given herein is accurate and the truth; the persons mentioned definitively exist and are persons with integrity and respectability. I/We authorize the Dominica Maritime Registry Inc. (DMRI), to conduct the proper verification of the information if necessary. Furthermore, I/we hereby certify that I/we have either received or have been encouraged to receive legal or tax advice from my/our attorney or tax adviser. I/We hereby certify that none of the company's assets, net worth, income or activities relate in any manner to money laundering, sales of illegal armaments, kidnapping, illegal drugs or other illegal controlled substances, terrorism or financing of terrorism, or any activity that I/we should reasonably know to be illegal in the Commonwealth of Dominica. Company does not intend to hinder, delay or defraud any creditors, or engage in any illegal conduct in relation to creditors and does not intend to engage the services of DMR Inc., in order to facilitate or otherwise engage in such activity. I/We shall at all times hereafter indemnify and keep indemnified DMRI, its directors, officers, employees, affiliates, representatives and nominee shareholders and (or) nominee directors against all costs, charges, expenses which may now or hereafter become liable to pay or sustain in connection with any matter which may arise as a result of any false statement made in this application or any unlawful transaction and also against all sums of money whether for damages, costs, attorney fees, charges, expenses and to implement such measures incidental thereto.

### PLEASE INCORPORATE THE FOLLOWING COMPANY ON MY/OUR BEHALF

#### 1. COMPANY PROFILE

##### 1.1 Intended Name of Company (please list three names in order of preference)

Choice 1:

Choice 2:

Choice 3:

**1.2 Intended Activity of IBC (if more space is needed please attach appendix to application)**

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**1.3 Countries and Regions Where Intended Activity is to be Undertaken**

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**2. COMPANY SHARES****PLEASE CHOOSE FROM ONE OF THE FOLLOWING OPTIONS**

	Shares Issued to Nominee Shareholder
	Shares issued to a Company, that acts as a Nominee Shareholder
	Shares Issued to Client or Representative
	Shares Issued to Bearer (permitted for Dominica IBCs only. Please note that once Bearer shares are issued they will remain in the possession of the registered Agent according to the International Business Companies Act of 1996. You will receive a notarized copy of the Bearer Share certificate).

**2.1 Share Capital Amount**

Share Capital Amount	_____ USD	Divided Into		Amount of shares. Equaling...	_____ USD Each
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**2.2 Intended Shareholder(s) or the Person Whose Name is on the Declaration of Trust When Issued**

Name:		Date:
Current address:		
City:	State/Province:	Country:
ZIP Code:	Phone:	Fax:
Email:	Number of Shares Issued:	

Name:		Date:
Current address:		
City:	State/Province:	Country:
ZIP Code:	Phone:	Fax:
Email:	Number of Shares Issued:	

Name:		Date:
Current address:		
City:	State/Province:	Country:
ZIP Code:	Phone:	Fax:
Email:	Number of Shares Issued:	

### 3. DIRECTORSHIP

Please select one of the following below.

<input type="checkbox"/>	Nominee Director	<input type="checkbox"/>	Company as Nominee Director	<input type="checkbox"/>	Client or Representative
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#### 3.1 Intended Director or Attorney in Fact

4.1.1

Name:		
Current address:		
City:	Country:	ZIP Code:

3.1.2

Name:		
Current address:		
City:	Country:	ZIP Code:

3.1.3

Name:		Date:
Current address:		
City:	Country:	ZIP Code:

### 4. ADDITIONAL SERVICES

#### 4.1 Legal Services

<input type="checkbox"/>	Apostille (set or a single document incl. notarization)	<input type="checkbox"/>	Notarization (set or single document, notarization only)
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#### 4.2 Documents

<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Declaration of Trust
<input type="checkbox"/>	Certificate of Good Standing	<input type="checkbox"/>	Certificate of Incumbency
<input type="checkbox"/>	Certificate of Tax Exemption	<input type="checkbox"/>	

#### 4.3 Other Services

<input type="checkbox"/>	Signing of the Documents by Nominee Director (per doc)	<input type="checkbox"/>	Re-domiciliation of Company to Dominica
<input type="checkbox"/>	Dissolution	<input type="checkbox"/>	Rubber Stamp (with plastic body)
<input type="checkbox"/>	Rubber Stamp (imprint only, no plastic body)	<input type="checkbox"/>	Corporate Seal (metallic body)
<input type="checkbox"/>	Fed Ex Delivery	<input type="checkbox"/>	Remailing From Dominica
<input type="checkbox"/>	Mail & Fax Forwarding	<input type="checkbox"/>	Mobile Phone Number

Special Request or Notes:

**6. COMMENTS OR SPECIAL INSTRUCTION** (Please attach appendix if more space is needed)

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of Applicant:

Date:

Printed Name of Applicant: