



N. PIRILIDES & ASSOCIATES  
Advocates & Legal Consultants



**CYPRUS**

The following information is necessary for the incorporation and establishment of a Cyprus Company.

**CONTACT INFORMATION**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Nationality \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**PROPOSED NAME OF COMPANY**

STATE DESIRED COMPANY NAME (Please state at least three alternative names in order of preference)

- A company name ends with the word "Limited".

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Option: to save up time for completion of Company, formation & registration, a pre-approved name can be used from a list provided by us. A list of shelf companies may be provided upon request.

**PROPOSED TRADE NAMES / TRADE MARKS (if applicable)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**MAIN ACTIVITIES AND NATURE OF COMPANY**

Please indicate the relevant activities (Please provide full description of activities - i.e. "holding company" will not be sufficient.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the assets that will be held by the Company

(Source from which the assets/funds have been derived/ acquired. (Explanations such as "inheritance" or "sale of property" are not sufficient and require further clarification)

\_\_\_\_\_  
\_\_\_\_\_



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## CAPITAL

The proposed Authorised capital of the company is usually expressed in euros (€).

Stamp Duty is payable and calculated on the basis of the value of the nominal capital.  
A minimum of 1 share must be issued.

Unless we are otherwise instructed, the company will be incorporated with an authorised & issued share capital of €1.000 divided into 1.000 shares of €1 each.

Standard issued and authorised share capital

Yes

No

If no, please complete the following:

Authorised Share Capital \_\_\_\_\_

Issued Share Capital \_\_\_\_\_

Fully Paid Share Capital \_\_\_\_\_

One Class of shares to be authorised

Yes

No

If no, please provide us with a separate schedule explaining your requirements

*\* Shelf Companies are incorporated with one class of shares*

## SHAREHOLDERS

The company must have a minimum of one registered shareholder at all times. Corporate shareholders are allowed.

A reference letter would be required for the beneficial owner.

For due diligence purposes we need to identify a natural person as the beneficial owner.



**CYPRUS**

**Shareholder / Beneficial Owner 1** *(Delete as appropriate)*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Nationality \_\_\_\_\_ Passport No./ ID No \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

No. of Shares \_\_\_\_\_

**Shareholder / Beneficial Owner 2** *(Delete as appropriate)*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Nationality \_\_\_\_\_ Passport No./ ID No \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

No. of Shares \_\_\_\_\_

**Shareholder / Beneficial Owner 3** *(Delete as appropriate)*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Nationality \_\_\_\_\_ Passport No./ ID No \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

No. of Shares \_\_\_\_\_

**REGISTERED OFFICE & SECRETARY**

Please indicate whether **Multilysis Services Ltd** is to provide the Registered Office and/or Secretary for the company: Yes  No

If **No**, please provide details of the Registered Office address:  
\_\_\_\_\_  
\_\_\_\_\_

If **No**, please provide details of the Secretary:  
Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Nationality \_\_\_\_\_ Passport No./ ID No \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_



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## DIRECTORS

Any person may be appointed as a director of the company. Corporate directors are allowed. A minimum of one director is required.

A passport copy or a certificate of incorporation of the company to be acting as director/s will be required.

Do you require **Multilysis Services Limited** to be appointed as corporate Director  Yes  No

Do you require **Multilysis Services Limited** to appoint a physical director/s?  Yes  No

If **No**, or if you wish to appoint your own Directors, please provide the following information for each Director.

### Director 1

Name  Occupation

Address

Nationality  Passport No./ ID No

Tel  Fax

Email  Date of Birth

### Director 2

Name  Occupation

Address

Nationality  Passport No./ ID No

Tel  Fax

Email  Date of Birth

### Director 3

Name  Occupation

Address

Nationality  Passport No./ ID No

Tel  Fax

Email  Date of Birth



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### DUE DILIGENCE

Please confirm that the following documents required for each beneficial owner, director and shareholder are enclosed:

Original Bank Reference letter	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Confirmation of Residential Address	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Curriculum Vitae	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Notarised Copies of Corporate Documents (Corporate Shareholders)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Notarised copy of Passport/ ID	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please note that all documents should either be in *Greek* or *English* language.

### VIRTUAL OFFICE FACILITIES

Do you require **Multilysis Services Ltd** to provide for virtual office facilities Yes  No

If **Yes**, please provide details of what is required (*please provide other details that may be required in the space given below*)

Office facility	<input type="checkbox"/>
Telephone answering	<input type="checkbox"/>
Email address	<input type="checkbox"/>
Mail Forwarding	<input type="checkbox"/>
Company stamp	<input type="checkbox"/>
Company business cards	<input type="checkbox"/>

### BOOK-KEEPING & ACCOUNTING SERVICES

Do you require **Multilysis Services Ltd** to provide the above services Yes  No

### MANAGEMENT & ADMINISTRATION SERVICES

Do you require **Multilysis Services Ltd** to provide the above services Yes  No

### AUDITORS

A Cyprus registered company is required to file annual audited accounts with the Registrar of Companies and the Inland Revenue Dept.

Do you require us to suggest a local auditor? Yes  No



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**BANKING SERVICES**

We also offer services relating to the establishment and operating of bank accounts in Cyprus & abroad. Accounts may be opened in a variety of foreign currencies.

Do you require us to open a bank account for the company in Cyprus?  Yes  No

If Yes, please indicate whether you require us to suggest a bank or state the name of the bank and the relevant currency/ies of the account/s

\_\_\_\_\_

\_\_\_\_\_

*Please note that local regulations provide that funds must be brought from abroad.*

**APOSTILLED DOCUMENTS**

If required, please specify which documents would need to be apostilled \_\_\_\_\_

\_\_\_\_\_

**OTHER**

Person indicated to receive correspondence including company's corporate certificates

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Person authorised by beneficial owners to give instructions (*if different from above*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**DECLARATION**

I/We confirm that the information provided herein is true and correct and that the assets to be introduced into the Company are from lawful sources. I/We confirm the availability of any other information requested.

**Completed by**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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#### OTHER DETAILS REQUIRED

Please send by email/courier/fax this form, duly completed, accompanied by the following:

##### **Certified Copy Passport/ID**

A certified copy (by a suitable person such as a lawyer, an accountant, a notary public etc) of the beneficial owner's / Director's passport (photograph and signature pages only).

##### **Proof of Address**

This can be fulfilled by providing a recent utility bill (at least 3 months old), true copy of current driving licence (the address should be stated therein), a current bank statement. This document must be certified by a suitable person such as a lawyer, an accountant, a notary public etc.

##### **Reference**

A reference letter should be provided from a professional who knows the individual in a professional capacity.

The reference letter should be addressed to **N. Pirilides & Associates LLC** or **Multilysis Services Ltd.**

*\*Please note that all documents should be in either Greek or English Language*

*For Further Information regarding the above, please contact our office at the following address:*

**Tel: 00357-25 830830**

**Fax: 00357-25 371668**

**Email: [info@pirilides.com](mailto:info@pirilides.com)**