



Completion of this form is necessary to facilitate Hilda Loe Associates in performing the service(s) you require. Once signed, this form becomes a legally binding contract, for this reason, Hilda Loe Associates's Terms and Conditions should be reviewed first. Please email ([ops@hildaloe.com](mailto:ops@hildaloe.com)) or fax completed form to (SIN) 65 6722 0646.

\*Hilda Loe Associates reserves the right not to onboard potential clients that do not provide us with the documents or information necessary for compliance duties with regards to this order form.

**ORDER FORM FOR SINGAPORE PRIVATE LIMITED COMPANY**

**Part A: Company Information**

1.	<b>Company Name Registration (Kindly furnish 3 desired names for the proposed company)</b> Proposed Name (Please note that names will end with "Pte. Ltd.") A)
B)	
C)	
2.	Name of business activities:- (Please do not indicate just Trading, be specific e.g.: Trading of Textiles)
3.	Proposed directors (Individuals only & at least one director MUST be a local resident) :- HLA to provide Nominee Resident Director? <input type="checkbox"/> YES and to act as Sole Director (SGD 2,500 per year + SGD 2,500 security deposit) <input type="checkbox"/> YES and Client will also act as Director - director info as indicated. (SGD 1,750 per year + SGD 2,000 security deposit) <input type="checkbox"/> NO, please use my director info as indicated.
4.	Do you need HLA to provide Nominee Shareholder for the proposed Company? <input type="checkbox"/> YES by Singapore Natural Person & to issue _____ shares (SGD 750 per year + SGD 1,000 security deposit) <input type="checkbox"/> YES by BVI Body Corporate & to issue _____ shares (SGD 600 per year + security deposit not required) <input type="checkbox"/> YES by HKG Body Corporate & to issue _____ shares (SGD 700 per year + SGD 1,000 security deposit) <input type="checkbox"/> NO, please use my shareholder info as indicated at Part B <input type="checkbox"/> To issue Declaration of Trust witnessed by HLA staff (SGD 125 per Shareholder appointment) <input type="checkbox"/> To issue Declaration of Trust witnessed by Lawyer (SGD 175 per Shareholder appointment)

5.	Nominee Agreement & Appointment Letter to be signed by: <b>(Please indicate full name and address of the authorized signor -info will be reflected on these documents)</b>
6.	Proposed paid up capital in Singapore Dollars or US Dollars _____ at \$1.00 par value per share.
7.	Proposed registered address if not using our address (leave blank if using our address) :- (MUST be a Singapore office address)
8.	Proposed Financial Year to end on (eg: 30 Jun or 31 Dec of each year. <u>Note: cannot be more than 12 months from date of incorporation</u> ):
9.	<p>Bank Account Opening in Singapore:- <b>(SGD 975 per account)</b></p> <p><input type="checkbox"/> YES - Standard Chartered Bank      <input type="checkbox"/> YES - OCBC Bank</p> <p><input type="checkbox"/> YES - HSBC      <input type="checkbox"/> YES - DBS Bank      <input type="checkbox"/> YES - Citibank</p>

## Part B: Personal Information

### Shareholder 1 Information (Individual or Corporate)

1.	Are you also acting as a director? <input type="checkbox"/> Yes -If yes, skip Director information section on page 5 (note corporate director is not allowed) <input type="checkbox"/> No								
2.	Number of shares to be allotted								
3.	Full Name (As per passport or Certificate of Incorporation if corporate shareholder)								
4.	<table border="1"> <tr> <td>Date &amp; Place of Birth or Incorporation (Please indicate both city and country)</td> <td>DD_ _ MM_ _ YYYY_ _ _ _</td> <td>City</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Country</td> <td></td> </tr> </table>	Date & Place of Birth or Incorporation (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _ _	City				Country	
Date & Place of Birth or Incorporation (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _ _	City							
		Country							
5.	Nationality								
6.	Passport / ID number or Company Number								
7.	Residence Address or Registered Address								
8.	Country of Domicile (If multiple, please provide all information)								
9.	Country of Citizenship (If multiple, please provide all information)								

10.	Telephone		E-mail ID	
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11.	<p>Do you have an alternate address for mailing or other functions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide</p>
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12.	<p>Are you a “Politically Exposed Person” (PEP)*?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide details of the position held and association</p>
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13.	<p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide details</p>
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14.	<p>Are you a United States (US) person*? (as defined for US tax purposes)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>a) Duly signed Form Affidavit (To be provided separately)</p> <p>b) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number</p>
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15.	<p>Source of Wealth (SOW) Information</p> <p>Please tick all that applies:</p>	
	<p>Source of Wealth/ Income</p> <p><input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director’s Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent’s Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state)</p> <p>_____</p>	<p>Investment Income</p> <p><input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state)</p> <p>_____</p> <hr/> <p>Inheritance &amp; Gift</p> <p><input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)</p>

## Shareholder 2 Information (Individual or Corporate)

1.	Are you also acting as a director? <input type="checkbox"/> Yes - If yes, skip Director information section (note corporate director is not allowed) <input type="checkbox"/> No		
2.	Number of shares to be allotted		
3.	Full Name (As per passport or Certificate of Incorporation if corporate shareholder)		
4.	Date & Place of Birth or Incorporation (Please indicate both city and country)		
5.	Nationality		
6.	Passport / ID number or Company Number		
7.	Residence Address or Registered Address		
8.	Country of Domicile (If multiple, please provide all information)		
9.	Country of Citizenship (If multiple, please provide all information)		
10.	Telephone		E-mail ID
11.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide		
12.	Are you a "Politically Exposed Person" (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details of the position held and association		
13.	Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details		

14.	<p>Are you a United States (US) person *? (as defined for US tax purposes)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>c) Duly signed Form Affidavit (To be provided separately)</p> <p>d) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number</p>
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15.	Source of Wealth (SOW) Information		
	Please tick all that applies:		
	<p>Source of Wealth/ Income</p> <p><input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director's Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent's Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state)</p> <p>_____</p>	<p>Investment Income</p> <p><input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state)</p> <p>_____</p>	
		<p>Inheritance &amp; Gift</p> <p><input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)</p>	

**Director 1 Information** ([Corporate Director not allowed](#))

1.	Full Name (As per passport or equivalent)	
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2.	Date & Place of Birth (Please indicate both city and country)	DD__MM__YYYY__	City	
			Country	

3.	Nationality	
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4.	Residence Address	
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5.	Country of Domicile (If multiple, please provide all information)	
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6.	Country of Citizenship (If multiple, please provide all information)	
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7.	Telephone	E-mail ID	
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8.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide
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9.	Passport / ID number	
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10.	Are you a “Politically Exposed Person” (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details of the position held and association
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11.	Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details
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12.	Are you a United States (US) person*? (as defined for US tax purposes)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, Please provide e) Duly signed Form Affidavit (To be provided separately) f) One of the following (Please mark X)  <input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number
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**Director 2 Information** ([Corporate Director not allowed](#))

1.	Full Name (As per passport or equivalent)	
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2.	Date & Place of Birth (Please indicate both city and country)	DD_ _ MM_ _ YYYY_ _ _ _	City	
			Country	

3.	Nationality	
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4.	Residence Address	
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5.	Country of Domicile (If multiple, please provide all information)	
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6.	Country of Citizenship (If multiple, please provide all information)	
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7.	Telephone		E-mail ID	
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8.	<p>Do you have an alternate address for mailing or other functions?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide</p>
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9.	Passport / ID number	
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10.	<p>Are you a “Politically Exposed Person” (PEP)*?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide details of the position held and association</p>
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11.	<p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>If Yes</b>, please provide details</p>
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12.	<p>Are you a United States (US) person*? (as defined for US tax purposes)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, Please provide</p> <p>g) Duly signed Form Affidavit (To be provided separately)</p> <p>h) One of the following (Please mark X)</p> <p><input type="checkbox"/> ITIN Number</p> <p><input type="checkbox"/> Visa number</p> <p><input type="checkbox"/> Green Card Number</p>
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**Part C: Ultimate Beneficial Owner Information (MUST BE A NATURAL PERSON)**

*\*This section must be completed if you are neither the Shareholder nor Director listed at Part B above.\**

1.	Full Name (As per passport)	
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2.	Date & Place of Birth (Please indicate both city and country)	DD__MM__YYYY_---	City	
			Country	

3.	Nationality			
4.	Passport / ID number			
5.	Residence Address			
6.	Country of Domicile (If multiple, please provide all information)			
7.	Country of Citizenship (If multiple, please provide all information)			
8.	Telephone		E-mail ID	
9.	Do you have an alternate address for mailing or other functions? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide			
10.	Are you a "Politically Exposed Person" (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details of the position held and association			
11.	Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes</b> , please provide details			
12.	Are you a United States (US) person*? (as defined for US tax purposes)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, Please provide i) Duly signed Form Affidavit (To be provided separately) j) One of the following (Please mark X)  <input type="checkbox"/> ITIN Number <input type="checkbox"/> Visa number <input type="checkbox"/> Green Card Number			



13.	Source of Wealth (SOW) Information Please tick all that applies:	
	Source of Wealth/ Income  <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Dividend Income <input type="checkbox"/> Director's Fees <input type="checkbox"/> Employment Income <input type="checkbox"/> Pension Scheme <input type="checkbox"/> Agent's Commission <input type="checkbox"/> Intellectual Property Royalties <input type="checkbox"/> Loan Principal/Interest <input type="checkbox"/> Lease Rents <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Others (If any please state)  _____	Investment Income  <input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Equity <input type="checkbox"/> Others (If any please state)  _____
		Inheritance & Gift  <input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)

**Part D: Declaration**

1.	I/We (hereinafter the Client) also confirm that the Client has been informed that the structure/Company that the Client is setting up could be reportable and taxable in my country of residency/citizenship, and therefore the Client should obtain appropriate legal and tax advice in my home jurisdiction and all other relevant jurisdictions. The Client hereby declares that the Client will follow the advice received and comply with my reporting obligations if any.
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2.	In the event that Hilda Loe Associates Pte. Ltd.(HLA), as service provider, is at any time under the legal obligation to any applicable governmental authority, directly or indirectly to report the structure or becomes tax liable together with me in relation to the assets held in the structure, HLA may be obligated to enquire or ensure that the Client has sought or implemented any such tax and/or legal advice and that the Client will report all relevant information to the Tax Authorities. In the event of such reporting, The Client shall hold HLA harmless for any damages or actions resulting from such reporting.
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3.	The Client confirm that none of the assets proposed to transfer to the Structure/Company has been derived from or relate to any of the "Designated Categories of Offences".
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4.	<p>The Client and the undersigned, confirm that the services requested are not used for illegal purposes and hereby consent to act as director and/or principal contact of the Company. Where the information provided in Part A to C is changed from any time hereafter, the Client and the undersigned agree to inform Hilda Loe Associates Pte. Ltd. immediately. The Client and undersigned hereby confirm and declare that all details provided above are true and correct to the best of their knowledge.</p> <p>Name _____ Signature _____</p> <p>Date _____ Place _____</p> <p>Contact Number _____ Email _____</p>
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5.	<p><u>Designed Categories of Offences</u> List of “Designated Categories of Offences” as per Forty Recommendations on Money Laundering prepared by the Financial Action Task Force (FATF).</p> <ul style="list-style-type: none"> <li>• Participation in an organized criminal group and racketeering.</li> <li>• Terrorism, including terrorist funding.</li> <li>• Human trafficking and migrant smuggling or sexual exploitation, including that of children.</li> <li>• Illicit trafficking of narcotics and psychotropic substances, arms or stolen goods.</li> <li>• Bribery and corruption.</li> <li>• Fraud, counterfeiting currency and the counterfeiting or piracy of products.</li> <li>• Environmental Crime.</li> <li>• Murder and Grievous bodily injury.</li> <li>• Kidnapping, illegal restraint and hostage-taking.</li> <li>• Theft, robbery or smuggling (including those related to custom excise duties and taxes)</li> <li>• Tax crimes (Related to direct taxes and indirect taxes)</li> <li>• Extortion, forgery or piracy.</li> <li>• Insider training and market manipulation.</li> </ul>
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**Please ensure the following documents are attached or have already been sent to Hilda Loe Associates:**

- ✓ **Scanned copy of identification in the form of a passport or national ID for each director, shareholder & ultimate beneficial owner OR a copy of the Certificate of Incorporation & Incumbency or similar for Corporate Shareholders.**
- ✓ **Scanned copy of utility bill or credit card/bank statement as proof of current address for each director. Shareholder & ultimate beneficial owner.**
- ✓ **Payment for incorporation, nominee services & bank account opening (if applicable).**

*Thank you for choosing Hilda Loe Associates Pte Ltd*