



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) 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 NOMINEE SERVICES - OFFSHORE COMPANY

Part A: Company Information

1.	Name of Company to be represented by our Nominee (known as “Represented Company”)	
2.	Company Number	
3.	Registered Address	
4.	Nominee Agreement & Appointment Letter to be signed by: (Please indicate full name and address of the authorized signor -info will be reflected on these documents)	

Part B: Company Secretary / Nominee Services Required

1.	Company Secretary	<input type="checkbox"/> BVI Body Corporate SGD 450 per year <input type="checkbox"/> Singapore Body Corporate SGD 550 per year <input type="checkbox"/> Singapore Natural Person (Practising Chartered Secretary with SAICSA) SGD 600 per year
2.	Nominee Director	<input type="checkbox"/> Director (BVI Corporate Body) (SGD 500 per year) <input type="checkbox"/> Director (Hong Kong Corporate Body) (SGD 650 per year) <input type="checkbox"/> Director (Singapore Corporate Body) (SGD 650 per year) <input type="checkbox"/> Director (Singapore Natural Person) (SGD 750 per year) <input type="checkbox"/> To issue Power of Attorney to _____ (SGD 175, witnessed by Singapore Notary Public)
3.	Nominee Shareholder	<input type="checkbox"/> Shareholder (Singapore Natural Person, number of shares to be issued _____ (SGD 750 per year) <input type="checkbox"/> Shareholder (BVI Body Corporate), number of shares to be issued _____ (SGD 500 per year) <input type="checkbox"/> Shareholder (HKG Body Corporate), number of shares to be issued _____ (SGD 650 per year)

		<input type="checkbox"/> Declaration of Trust witnessed by HLA staff (SGD 125 per Shareholder appointment) <input type="checkbox"/> Declaration of Trust witnessed by Singapore Notary Public (SGD 175 per Shareholder appointment)
--	--	--

Part C: Applicant / Beneficial Owner Representative/ Principal Contact Information

1.	Applicant / *BO Representative/ *Principal Contact name as per passport: (*Please delete if not applicable) Are you also the BENEFICIAL OWNER ? <input type="checkbox"/> Yes -If yes, skip Beneficial Owner information section on Part D <input type="checkbox"/> No
----	--

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 If Yes, please provide
----	--

10.	Are you a "Politically Exposed Person" (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of the position held and association
-----	---

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 <input type="checkbox"/> No</p> <p>If Yes, please provide details</p>
-----	--

12.	<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) 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>
-----	---

13.	<p>Source of Wealth (SOW) Information 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 & Gift</p> <p><input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)</p>

Part D: Beneficial Owner Information

1.	Full Name (As per passport)	
----	-----------------------------	--

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.	<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>If Yes, please provide</p>
----	---

10.	<p>Are you a "Politically Exposed Person" (PEP)*?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please provide details of the position held and association</p>
-----	--

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>If Yes, please provide details</p>
-----	---

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>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</p> <p><input type="checkbox"/> Visa number</p> <p><input type="checkbox"/> Green Card Number</p>
-----	---

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 E: Declaration

1.	I/We (hereinafter the Client) confirm that the Client has been informed that the structure/Company that the Client is setting up could be reportable and taxable in the country of residency/citizenship, and therefore the Client should obtain appropriate legal and tax advice in the 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.
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 the Client 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.
3.	The Client confirms 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" (see 5 below).
4.	<p>The Client and the undersigned, confirm that the nominee services requested are not used for illegal purposes and hereby consent to act as Director and/or Beneficial Owner Representative and/or Principal Contact of the Company. Where the information provided in Section A to D is changed from any time hereafter, the Client and the undersigned agree to inform Hilda Loe Associates Pte. Ltd. immediately. The Client and the 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>

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"> • Participation in an organized criminal group and racketeering. • Terrorism, including terrorist funding. • Human trafficking and migrant smuggling or sexual exploitation, including that of children. • Illicit trafficking of narcotics and psychotropic substances, arms or stolen goods. • Bribery and corruption. • Fraud, counterfeiting currency and the counterfeiting or piracy of products. • Environmental Crime. • Murder and Grievous bodily injury. • Kidnapping, illegal restraint and hostage-taking. • Theft, robbery or smuggling (including those related to custom excise duties and taxes) • Tax crimes (Related to direct taxes and indirect taxes) • Extortion, forgery or piracy. • Insider trading and market manipulation.
----	---

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 Applicant / Beneficial Owner Representative/ Principal Contact and Beneficial Owner**
- ✓ **Scanned copy of utility bill or credit card/bank statement as proof of current address of each Applicant / Beneficial Owner Representative/ Principal Contact and Beneficial Owner**
- ✓ **Scanned copy of the Certificate of Incorporation and Company Profile (Bizfile or similar showing registered address, directors and shareholders info) of the Represented Company.**
- ✓ **Payment for nominee services and security deposit.**

*Thank you for choosing
Hilda Loe Associates Pte Ltd*