



**UMS**

United Management Services  
Consultoria Fiscal, Lda.

**COMPANY FORMATION AND ADMINISTRATION QUESTIONNAIRE**

United Management Services will be pleased to assist you in completing this questionnaire

***A) Details regarding the company***

**1.- TYPE OF ACTIVITY:**

- ◆ Trading/ mixed holding    ◆ Pure holding (sgps)    ◆ Shipping    ◆ Yachting  
◆ Bank    ◆ Branch    ◆ Industry

**2. – NAME OF THE COMPANY:**

1<sup>ST</sup> OPTION: \_\_\_\_\_

2<sup>ND</sup> OPTION: \_\_\_\_\_

3<sup>RD</sup> OPTION: \_\_\_\_\_

**3. – LEGAL FORM:**

- ◆ LDA    ◆ SA    ◆ Bearer shares  
◆ Nominative shares

**4. – CAPITAL:** ◆ Minimum Capital (50.000 Euros for SA and 5.000 Euros for Lda)

◆ Other. Please indicate: \_\_\_\_\_

***B) Details regarding the beneficial owners***

Details regarding the ultimate beneficial owners are required. This information will be treated as confidential.

1. – A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_  
C) Nationality: \_\_\_\_\_  
D) Percentage of ownership: \_\_\_\_\_

2. – A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_  
C) Nationality: \_\_\_\_\_  
D) Percentage of ownership: \_\_\_\_\_

3. – A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_  
C) Nationality: \_\_\_\_\_  
D) Percentage of ownership: \_\_\_\_\_

4. – A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_  
C) Nationality: \_\_\_\_\_  
D) Percentage of ownership: \_\_\_\_\_

5. – A) Full name: \_\_\_\_\_



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- B) Full address: \_\_\_\_\_  
C) Nationality: \_\_\_\_\_  
D) Percentage of ownership: \_\_\_\_\_

**PLEASE ENCLOSE COPY PASSPORTS FOR ALL BENEFICIAL OWNERS**

*C) Details regarding our management services*

- 1. – Registered office & administrative services**                      ♦ Yes                      ♦ No  
If no, please indicate other address in Madeira:  
\_\_\_\_\_

- 2. – Nominee shareholders**    ♦ Yes    ♦ No  
If no, please provide the following details of the shareholders:

SHAREHOLDER 1

- A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_

SHAREHOLDER 2

- A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_

SHAREHOLDER 3

- A) Full name: \_\_\_\_\_  
B) Full address: \_\_\_\_\_

2.1. - IF CORPORATIONS

SHAREHOLDER 1

- Jurisdiction: \_\_\_\_\_  
Registration no: \_\_\_\_\_ Company registry of: \_\_\_\_\_  
Fiscal no.: \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_

SHAREHOLDER 2

- Jurisdiction: \_\_\_\_\_  
Registration no: \_\_\_\_\_ Company registry of: \_\_\_\_\_  
Fiscal no.: \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_

SHAREHOLDER 3

- Jurisdiction: \_\_\_\_\_  
Registration no: \_\_\_\_\_ Company registry of: \_\_\_\_\_  
Fiscal no.: \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_

**PLEASE ENCLOSE COPY(IES) OF CERTIFICATE OF INCORPORATION**

2.2. - IF INDIVIDUALS

SHAREHOLDER 1

- Nationality: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Name of spouse: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_



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SHAREHOLDER 2

Nationality: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

SHAREHOLDER 3

Nationality: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

SHAREHOLDER 4

Nationality: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

SHAREHOLDER 5

Nationality: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

**PLEASE ENCLOSE COPY PASSPORTS FOR ALL SHAREHOLDERS**

**3. - Nominee directors**

◆ Yes

◆ No

If no, please provide the following details of the directors:

DIRECTOR 1

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

DIRECTOR 2

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

DIRECTOR 3

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

**PLEASE ENCLOSE COPY OF PASSPORTS FOR ALL DIRECTORS**

LDA and SA companies can have only one director, however SA companies with more than € 150.000 must appoint a board of directors composed of a odd number of directors having a minimum of 3

**3. – Accounting services**

◆ Yes

◆ No

Preferred accounting year end date: \_\_\_\_\_

If no, please provide the following details of the accountant:

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_



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Accountants of Madeira IBC must be official accountants with full knowledge of the Portuguese Official Accountancy Plan

**4. – Auditing services**

◆ Yes

◆ No

If no, please provide the following details of auditor(s):

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

Statutory auditors are, under the Portuguese Law, only required for SA and pure holding companies. LDA companies should appoint a statutory auditors which has to include a statutory auditor as member, if it exceeds 2 of the following 3 criteria, for 2 consecutive years, i.e. a) worth income of 3 million EUROS; b) total assets of 1,5 million EUROS or; c) 50 or more employees, for more than two consecutive years

**5. – Banking services**

◆ Yes

◆ No

Banking services comprise the management of local bank accounts.

**D) Details regarding instructions**

**1. - Authorised person (from whom may we accept further operating instructions relating to the company)**

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

Fax no: \_\_\_\_\_ Phone no. \_\_\_\_\_

e.mail-@: \_\_\_\_\_

**2. – Means of correspondence**

Fax ◆ e.mail-@ ◆

Phone ◆ Mail ◆

Blank envelop ◆

U.M.S. envelop ◆

**E) Details regarding the invoice**

**1. – Entity to be invoiced**

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

VAT or fiscal no.: \_\_\_\_\_

15% VAT will be included on our invoices when these are charged to a EU tax payer, unless EU tax payer provides for a VAT) number. Invoices addressed to non EU tax payers are exempt from VAT tax.

**I/We hereby declare that to the best of my/our knowledge the information given herein is true and complete.**

Please return this company questionnaire by fax to United Management Services together with all copies of requested documentation.

Should you have any queries please do not hesitate to contact us.



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\_\_\_\_\_  
Signature(s)

Date: \_\_\_\_\_