



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:

1ST OPTION: _____

2ND OPTION: _____

3RD 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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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: _____