



COMPANIES REGISTRY
FORM 3D

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
SECTION 9
APPLICATION TO INCORPORATE
PROTECTED CELL COMPANY**

COMPANY DETAILS

RESERVATION NUMBER:

PROPOSED COMPANY NAME:

PROPOSED REGISTERED AGENT DETAILS

REGISTERED NAME:

REGISTERED OFFICE ADDRESS:

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

TELEPHONE/FAX

E-MAIL

WILL THE COMPANY'S REGISTERED OFFICE BE AT THE REGISTERED OFFICE OF THE REGISTERED AGENT?

YES NO

LOCATION OF REGISTERED OFFICE (IF DIFFERENT FROM THE REGISTERED OFFICE ADDRESS OF THE PROPOSED REGISTERED AGENT)

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

COMPANY TYPE:

- LIMITED BY SHARES
- DOMESTIC
- INTERNATIONAL

SHARE DETAILS

WHAT IS THE TOTAL NUMBER OF SHARES THE COMPANY IS AUTHORISED TO ISSUE?

INDICATE THE ARTICLE NUMBER WHICH STATES THE NUMBER OF SHARES THE COMPANY IS AUTHORISED TO ISSUE:

INDICATE THE ARTICLE NUMBER WHICH STIPULATES COMPLIANCE (IF APPLICABLE) WITH THE FOLLOWING SECTION OF THE ORDINANCE:

SECTION OF THE ORDINANCE	ARTICLE #
7	
13 (1) (C)	
13 (3)	
13 (4) (A)	
13 (4) (B)	

HAS WRITTEN APPROVAL BEEN OBTAINED FROM THE COMMISSION TO INCORPORATE THIS COMPANY?

- YES
- NO

IF YES, DATE OF APPROVAL:

- WILL THIS BE A LAND HOLDING COMPANY? YES NO
- WILL THIS COMPANY BE APPLYING FOR A BUSINESS LICENCE IN A RESTRICTED CATEGORY? YES NO

IF YES, PLEASE INDICATE CATEGORY

- WILL/ (HAS) THIS COMPANY BE APPLYING/ (APPLIED) FOR A LICENCE FROM THE FINANCIAL SERVICES COMMISSION? YES NO

IF YES, INDICATE LICENCE (S) APPLIED/APPLYING FOR:

BANKING

- NATIONAL AND OVERSEA BANKING
- NATIONAL BANKING
- OVERSEA BANKING

TRUST

- UNRESTRICTED TRUST
- RESTRICTED TRUST

COMPANY MANAGEMENT

- COMPANY MANAGER
- COMPANY AGENT

MUTUAL FUND

- MUTUAL FUND ADMINISTRATOR
- MUTUAL FUND
- EXEMPT MUTUAL FUNDS

INVESTMENTS

- INVESTMENT ADVISOR
- INVESTMENT DEALER

CREDIT UNION

- MONEY TRANSMITTERS**

INSURANCE

- | | | |
|---|--|--|
| <input type="checkbox"/> INSURANCE AGENT | <input type="checkbox"/> INSURANCE SUB-AGENT | <input type="checkbox"/> DOMESTIC LONG-TERM INSURERS |
| <input type="checkbox"/> INSURANCE BROKER | <input type="checkbox"/> CREDIT LIFE REINSURER | <input type="checkbox"/> DOMESTIC GENERAL INSURER |
| <input type="checkbox"/> INSURANCE MANAGER | <input type="checkbox"/> NON-CREDIT LIFE REINSURER | <input type="checkbox"/> NON-DOMESTIC GENERAL INSURERS |
| <input type="checkbox"/> PRINCIPAL INSURANCE REPRESENTATIVE | | <input type="checkbox"/> NON-DOMESTIC LONG-TERM INSURERS |

THE FOLLOWING ARE ATTACHED TO THIS FORM

- ARTICLES OF INCORPORATION
- WRITTEN CONSENT FROM THE COMMISSION
- APPROVED NAME CLEARANCE & RESERVATION FORM

REGISTERED AGENT CONSENT

WE,
 (AGENT NAME)

APPLY TO THE REGISTRAR OF COMPANIES FOR THE INCORPORATION OF THE ABOVE NAMED COMPANY AND CONSENT TO ACT AS REGISTERED AGENT ON ITS INCORPORATION UNDER THE TURKS AND CAICOS ISLANDS COMPANIES ORDINANCE.

DETAILS OF PERSON SIGNING ON BEHALF OF THE REGISTERED AGENT:

NAME: _____

JOB TITLE/POSITION: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE FILED: _____

RECEIVED BY: _____

FEE PAID: **YES** **NO**

ACTION TAKEN: _____

DATE ACTION TAKEN: _____

REGISTRATION NUMBER: _____

NOTE:

THE REGISTRAR HAS NO DUTY EXCEPT TO THE EXTENT PROVIDED BY THE ORDINANCE TO VERIFY THAT THE ARTICLES OR OTHER DOCUMENTS COMPLY WITH THE ORDINANCE. COMPANIES ARE REMINDED OF THEIR LEGAL REQUIREMENT TO MAINTAIN PROPER AND UPDATED RECORDS. THE COMMISSION EXPECTS THAT DOCUMENTS FILED WITH THE REGISTRY WILL BE ACCURATE.