

MATA & PITTI

ATTORNEYS AT LAW, REPUBLIC OF PANAMA

Instructions:

1. This Incorporation Form is optional.
2. If you have any questions, please contact us, we will be glad to assist you.
3. In order to facilitate your incorporation, you can fill and send the following form to our Firm.
4. Once completed, send it to our **Fax: (507) 264-6127**, or send the file to our **email: fmata@matapitti.com**
5. Once received, we will contact you in order to proceed with the incorporation.

1. Corporation Name:

+ Please write three (3) names for the corporation in order of preference:

Alternative 1	
Alternative 2	
Alternative 3	

2. Corporation Purpose / Objectives:

+ Explain the sort of business to be performed by the company.

3. Company Directors:

- + Option 1: Nominee directors appointed by our Firm, Mata & Pitti []
- + Option 2: Nominee directors provided by the Client []

Option 2: Please provide the names, nationality, addresses and desired position of each director:
(Our Law requires a minimum of three directors / officers for the corporations)

Position	Name	Nationality	Address
President			
Secretary			
Treasurer			

3. Authorized Capital / Share distribution:

Note: According our law, the authorized capital is just a nominal figure and it is not required to be paid or deposited in any of its parts.

- + Option 1: Standard Authorized Capital, see example below. []
- + Option 2: Different Authorized Capital, provide instructions below []

Our standard authorized capital is:

Authorized Capital	No. of Shares	Share Value
US\$10,000	100	US\$100.00

If different authorized capital is required, Please provide instructions:

Authorized Capital	No. of Shares	Share Value

4. Corporation Shares certificates:

Note: The Shareholders information is not registered at the Panama Public Registry, the shares certificates are issued by private documents. They can be Nominative or to the Bearer.

- + Option 1: [] Bearer Form
- + Option 2: [] Nominative form

Option 2. If Nominative, issued on behalf:

5. Contact Person for sending the corporation documents.

Name:	
Address:	
Email:	
Telephone / Fax:	

6. Power of Attorney:

- + No Power of Attorney is required at this moment []
- + If required, in behalf of:

Name:	
Passport Number:	

7. Additional Services:

- + Dedicated PO Box in Panama for the corporation & mail forwarding services []

8. Payment Options:

- + Please check the desired method of payment:

	Bank wire transfer	(We will provide bank details)
	Visa / MasterCard Credit Card	(We will provide payment instructions)
	Western Union or Similar	(We will provide instruction)

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