

HT GROUP SA - Company Questionnaire

Tel: +352 4040341
Fax: +352 291030
Email: advice@htgroup.lu

Name of Client _____
Telephone _____
Email _____

1 TYPE AND NAME OF THE COMPANY

SOPARFI Trade S.A. SARL SPF SCS
a. Preferred Name: _____
b. Alternative: _____
c. Shelf _____

2 PREFERRED DATE OF FORMATION _____

3 OBJECT OF THE COMPANY _____

(If not standard purpose for which the company is to be formed)

4 LANGUAGE OF STATUTES French German English

5 REGISTERED ADDRESS Registered at HTG address
 Registered at the following address
Address: _____

6 BENEFICIAL OWNER/S
Name: _____
Name: _____
Name: _____

Please complete a client questionnaire for each Beneficial Owner

7 SHAREHOLDERS
Nominees HTG to provide one or more shareholders
Independent As below:
Name: _____ Percentage
Name: _____ Percentage
Name: _____ Percentage

A minimum of one (1) shareholder is required for an SA and an SARL

Please complete a client questionnaire for each Independent Shareholder

8 DIRECTORS (SA) MANAGERS (SARL)
Nominees HTG to provide Luxembourg resident directors
Independent As below:
Name: _____
Name: _____
Name: _____

An SA may have one (1) Director if only one (1) shareholder otherwise three (3) directors. Minimum of one (1) Manager for an SARL

Please complete a client questionnaire for each Independent Director/Manager

9 Commissaire-aux-Comptes
Unqualified Auditor HTG to provide unqualified auditor
Qualified Auditor HTG to provide qualified auditor
Independent As below:
Name: _____

Commissaire-aux-comptes required for an SA but not for an SARL. Qualified auditor only if large company or client choice.

10 CAPITALISATION

Minimum issued share capital of €31,000 for an SA or €12,400 for an SARL must be transferred and blocked in the company's (under formation) bank account. Please specify below:

a. Currency: _____ EUR f. Classes of shares: Ordinary shares
b. Amount of issued share capital: _____ Preferential non voting shares
c. Number of shares: _____ Non voting shares
d. Nominal value each: _____ Founders shares
e. Amount of authorised share capital: _____ Dividend shares
(If desired. Directors have 5 years to increase capital to this amount.)

11 SERVICES

Please specify what services you would like HTG to provide

Registered Address	<input type="checkbox"/>	AGMS etc.	<input type="checkbox"/>	Bank Account Opening	<input type="checkbox"/>
Set-up accounting system/Chart of accounts	<input type="checkbox"/>	Year End: _____			
Bookkeeping	<input type="checkbox"/>				
Invoicing and bank administration	<input type="checkbox"/>				
Preparation of Financial Statements	<input type="checkbox"/>		Audit	<input type="checkbox"/>	
Corporate Tax Returns	<input type="checkbox"/>	VAT returns	<input type="checkbox"/>	Estimated T/O:	<input type="text"/>
		Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
Trading Permit Application	<input type="checkbox"/>			Annual	<input type="checkbox"/>
Personal Tax Returns	<input type="checkbox"/>	Salary Calculations	<input type="checkbox"/>	Number of Employees	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify:			

If the above services are not to be provided by CAAS, please indicate the name, address, telephone, fax number and e-mail address of the person or firm who will provide the service.

Name:	_____	Tel. Number Office:	_____
Address:	_____	Tel. Number Mobile:	_____
	_____	Fax. Number:	_____
Country:	_____	E- mail	_____

12 Advance Payments

We can only appear before the Notary to create the company when:

- 1 A bank account has been opened and the bank issues a certificate that the share capital has been deposited on the company's bank account and is blocked until the Company is formed.

- 2 We have received the Formation Fees on our bank account at, BGL BNP Banque Paribas SA
 Company and Accounting Services SA
 IBAN N° LU78 0030 4435 6316 0000 SWIFT BGLLLULL
 OR

- 3 We have received a signed bank transfer for the fees, according to the agreed fee quote.

By signing this form, I authorise HT Group SA to use my personal data for their internal purposes only and to save this information in their database. I have been duly informed about the identity of the person, who is responsible for the maintenance of the data, the reasons for collecting the data, the potential receiver of my data, about the obligation to answer the questions concerning my data and the consequences of not answering, about my right of access to verify, respectively rectify my data and for how long it will be stored. I confirm that the above information is true and correct concerning myself and/or my company.

Date: _____

Signature: _____
 Beneficial Owner