



## **Application for a Barbados Society with Restricted Liability**

In order to process an application to establish a Society with Restricted Licence (“SRL”), please complete and forward the documentation as listed below.

1. Completed SRL Application Form as attached
  2. Completed Client Information sheet for each individual acting in the capacity of manager and member of the SRL.
  3. Complete KYC client documentation for individuals, corporations etc., including letters of reference as shown on the attached schedule.
  4. Funds for incorporation costs to be wired as per the attached bank co-ordinates.
-

## APPLICATION FORM

---

(If there should be insufficient space to provide answer in full please attach schedules)  
(Please indicate where information does not apply by "not applicable" or "N/A")

1. Proposed Name(s) which must end with "SRL": (please give at least one alternative name).

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

2. Mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Contact details of Registered Office:

Location of office and address of SRL in Barbados will be at the address of Front Street Corporate Management Services Ltd. unless otherwise indicated. If you wish to use a different local office location and address please specify below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

4. Contact details of place from which company will carry on business (if different from above):

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

5. Auditors:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Site: \_\_\_\_\_

6. Proposed local Bankers:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Site: \_\_\_\_\_

7. Indicate the duration for the SRL, which must not exceed 50 years: \_\_\_\_\_

14. Describe the purpose for the SRL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Quotas to be issued:  
Please indicate (a) the classes of quotas; (b) the number of authorised quotas in each class; and (c) any transfer or other restrictions applicable to each class of quotas:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

16. Members of quotas to be issued: (Attach schedule if necessary.)

**Name:** (include middle name) \_\_\_\_\_  
**Residential address** \_\_\_\_\_  
**Mailing address if different** \_\_\_\_\_

Contact: (if a company) \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Number/Class of Quotas: \_\_\_\_\_

**Name:** (include middle name) \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Mailing address if different \_\_\_\_\_  
Contact: (if a company) \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Number/Class of Quotas: \_\_\_\_\_

21. Names and signatories of proposed members:

Name:	Signature
_____	_____
_____	_____
_____	_____
_____	_____

Completed by: Name \_\_\_\_\_ Title \_\_\_\_\_  
Company/Firm \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Fax ( ) \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CLIENT INFORMATION FORM

<b>Name:</b> _____ (last name)	<b>Title:</b> Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
_____	Ms <input type="checkbox"/>	Dr. <input type="checkbox"/>
(first name)		
<b>Address:</b> _____	<b>Tel:</b> ( ) _____	
_____	<b>Cell:</b> ( ) _____	
_____	<b>Fax:</b> ( ) _____	
<b>Email:</b> _____		
<b>Marital Status:</b> Married: <input type="checkbox"/> Single <input type="checkbox"/>	<b>Date of Birth:</b> _____	
Divorced: <input type="checkbox"/>	(mm/dd/yyyy)	
<b>Tax Residence:</b> _____	<b>Passport #:</b> _____	
<b>Citizenship</b> _____	<b>Date and place of issue:</b> _____	
	_____	
<b>Name of Employer:</b> _____	<b>Occupation:</b> _____	
	_____	
<b>How long:</b> _____	<b>Tel:</b> ( ) _____	
<b>Business</b>	<b>Fax:</b> ( ) _____	
<b>Address:</b> _____		
_____		
_____		

Front Street Private Bank (Barbados) Ltd is regulated by the Central Bank of Barbados in conjunction with the Anti-Money Laundering Authority. Please provide the Due Diligence documentation for individuals and other entities as appropriate as per the attached schedule.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Individuals:**

1. Original certified copy of passport or other official identification document that contains a signature and photograph.
2. Original certified copy of proof of residence<sup>1</sup> (e.g. recent bank statement or utility bill)
3. Professional and bank letter of reference.<sup>2</sup>
4. Declaration of Source of funds

### **Corporations:**

1. If the corporation is a publicly listed company on a recognized exchange, a copy of the latest annual report. For all other companies the requirements are as listed below.
2. Original certified or notarized copies of the following;
  - a) Certificate of Incorporation
  - b) Memorandum or Articles of Association and Bye-Laws
  - c) Register of Shareholders holding in excess of 10% of equity or voting control
  - d) Register or list of all Directors and Officers, including full name, residential address and nationality.
  - e) Authorised signatory list.
3. For individuals listed in d), e) and f) the documentation for individuals listed above is required.
4. In the event a shareholder in d) above is another company, the same documentation listed above is to be provided in order to determine the beneficial ownership and control.

### **Partnerships:**

1. Certified copy of the Partnership Agreement.
2. Each general partner and authorized signatory to provide the documentation required for individuals above.
3. Each limited partner with a partnership interest in excess of 10% to provide the documentation required for individuals above.

### **Trusts:**

1. Certified copy of the Trust Deed.
2. Documentation for individuals or companies as appropriate for the trustees, settler, protector, enforcer or other persons with authority over the trust, together with beneficiaries having a fixed or vested interest.

<sup>1</sup> Post Office Box addresses are not acceptable.

<sup>2</sup>Professional letters of reference may be given by lawyers, notaries, certified accountants, senior bank officers, Embassy Officials and senior Barbados public servants. The letters should state that the person giving the reference has known the individual for at least 3 years, include reference to the individual's residential address and should be addressed to Front Street Private Bank (Barbados) Ltd.



**FRONT STREET *CORPORATE MANAGEMENT SERVICES***

Chelston Park, Building #1, 2nd Floor,  
Collymore Rock, St Michael, BB14018  
Barbados, The West Indies.

**Tel:** 246.227.5600  
**Fax:** 246.228.3562  
**Email:** info@fscmsl.com

**FRONT STREET CORPORATE MANAGEMENT SERVICES LTD**  
**WIRE COORDINATES**

**US DOLLAR FUNDS**

**Instructions to:** Wachovia Bank, New York  
**SWIFT Code:** PNBPUS3NNYC  
**ABA Code:** 026005092

**For the initial credit of:** FirstCaribbean International Bank (Barbados) Limited  
**SWIFT Code:** FCIBBBBB  
**Account Number:** 2000192003913

**For further credit to:** Front Street Corporate Management Services Ltd  
**Account Number:** 1000914259