

REQUEST TO INCORPORATE A MARSHALL ISLANDS CORPORATION

ADDRESS TO SEND DOCUMENTS

Address:

ADDRESS TO SEND INVOICES

Address:

CORPORATION NAME

1st Choice:

2nd Choice:

CAPITAL

Number of Shares: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Bearer Shares <input type="checkbox"/> Bearer and/or Registered Shares <input type="checkbox"/> Registered Shares		Currency: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Without Par Value <input type="checkbox"/> With a Par Value of <input style="width: 100%;" type="text"/> per Share
---	--	--

TYPE OF ARTICLES

General Purpose Powers
 Shipping Powers
 28 Powers

Additional fees: Corporations whose authorized capital exceeds five hundred (500) shares without par value or with a total par value in excess of US\$50,000 or its equivalent.

OPTIONAL: DIRECTOR(S) TO BE ELECTED (by consent of incorporator)

1:

2:

3:

OPTIONAL: OFFICER(S) TO BE APPOINTED (by consent of incorporator)

President:

Secretary*:

Treasurer:

** Per §62 of the Business Corporations Act, every corporation must have a Secretary.*

OPTIONAL

Adoption of Bylaws (by consent of incorporator)
 Legalization (Apostille) of Documentation
 Share Certificates (quote required number)

AUTHORIZATION

Requester Name and Company:
(please print)

Signature: Date:

Continue to Next Page

▼ Please complete if Director(s) are to be elected (by consent of incorporator) or named in the Articles of Incorporation. ▼

DIRECTOR

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				

DIRECTOR

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				

DIRECTOR

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				

▼ Please complete if Officer(s) are to be appointed (by consent of incorporator) or named in the Articles of Incorporation. ▼

PRESIDENT

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				

SECRETARY

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				

TREASURER

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name or Initial:	<input type="text"/>
Passport Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>				