

 $LLC\ Registration\ Form$ The following details are required to prepare for the registration of a Cook Islands International LLC.

| 1. NAME OF LLC TO BE INCORPORATED | | | | | | |
|---|---|----------|--|--|--|--|
| Option 1: | | | | | | |
| Option 2: | | | | | | |
| 2. PURPOSE FOR WHI | 2. PURPOSE FOR WHICH THE LLC IS BEING FORMED | | | | | |
| Proposed Business Activity / Purpose: | A Cook Islands LLC can operate business anywhere in the world for any lawful purpose. Please describe <i>in as much detail as possible</i> , the business the LLC is intended to conduct: | | | | | |
| Initial Capital | Our standard LLC structure provides for USD100 initial membership capital divided equally across the members. Please provide details if you require an alternative initial contribution structure: | | | | | |
| 3. MEMBER(S) | | | | | | |
| Nama | Member 1 | Member 2 | | | | |
| Name: | | | | | | |
| Residential Address: | | | | | | |
| Membership Interest: | % | % | | | | |
| | Member 3 | Member 4 | | | | |
| Name: | | | | | | |
| Residential Address: | | | | | | |
| Membership Interest: | % | % | | | | |
| KYC Requirements □ | Each Member must complete the Individual Standard KYC Questionnaire for Individuals or the Entity Standard KYC Questionnaire for non-Individuals | | | | | |
| 5. MANAGER(S) Managers must be over 21 years of age. Each Manager must also provide a signed <i>Consent</i> | | | | | | |



| to Act Letter or sign the Initial Company Resolution confirming the appointment. | | | | |
|--|---|----------|--|--|
| Details | Manager 1 | | Manager 2 | |
| Name: | _ | | | |
| Residential Address: | | | | |
| Residential Address. | | | | |
| | | | | |
| KYC | | | dividual Basic KYC Questionnaire for an | |
| Requirements: | individual, or the Entity Bas | ic KYC | Questionnaire for an entity. | |
| A CONTACT DEDOCN (| | 44 \ | | |
| 6. CONTACT PERSON (fi | irst contact for any LLC mat | tters) | | |
| Full Name | | | | |
| | | | | |
| Firm (if applicable): | | | | |
| / | | | | |
| Contact Address: | | | | |
| | | | | |
| | | | | |
| Contact Ph Number: | | | | |
| | | | | |
| Email Address: | | | | |
| | | | | |
| Is this person a PEP? If yes please explain: | | | | |
| yes picase explain. | | | | |
| | | | | |
| 7. OPERATING AGREE | MENT - Please indicate which | h agreen | nent you will be using to form the LLC | |
| | | | | |
| | emplate provided free of | (b) | OTHER Please specify: (Note: where T&F is | |
| charge which will need to be signed and returned to us before LLC is registered | | | inted Manager/Member, we will need to w before signing). | |
| before the is registered | | Tevie | w belove digiting). | |
| | | | | |
| | | | | |
| 8. ASSETS to be held by the LLC^ | | | | |
| Capital Contributions Please describe in detail and complete the Asset Register below, the source of | | | | |
| - Source of Funds | funds/assets to be contributed to the capital/equity of the LLC and the contributing member(s). (Further proof of source of funds/assets may be requested): | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ASSET SCHEDULE | | | | |



| Asset (legal name) | Description (e.g. source, nature of business, location, the contributing member(s) and their respective interests, as is applicable) | Estimated value (USD) at time of transfer to LLC: |
|--------------------|---|---|
| | | |
| | | |
| | | |
| | | |

If any assets are to be transferred to the LLC by a third party (i.e. non-member), under the **Description** above, please identify the transferor and purpose/reason of transfer. E.g. proceeds of sale of family home, inheritance, consulting fees etc.

'If you prefer to attach your own Schedule of Assets, please ensure it is referenced herein and contains the information sought in this Form.

9. ACCOUNTING RECORDS

Accounting records are required to be kept for inspection by the Registrar of Limited Liability Companies upon demand. T&F will require **copies of Annual Financials**, or **equivalent information including Company Resolutions**, confirming the financial activities and current value of the LLC within 3 months of the financial period for year-end 31 December.

By signing below, you acknowledge that T&F is:

- I) required to retain accounting records on behalf of the LLC; and
- II) carry out various reporting obligations under FATCA/CRS if any such may apply;

and further agree to provide T&F with all information as determined by T&F for this purpose.

| 5 | IGNED: |
|---|--|
| | |
| | |
| | |
| | Name: |
| | Designation: |
| | Date: |
| | This Form must be signed by any one of the Members/Beneficial Owner/s (or their legal representative |

KYC Requirements – Forms attached:

| DD Forms: | Summary of requirements |
|---|--|
| | |
| Individual – BASIC KYC Questionnaire | For Individuals - Questionnaire- + ID documents |
| Individual – STANDARD KYC Questionnaire | For Individuals who are Asset Contributors -Questionnaire + ID |
| | documents |
| Entity – STANDARD KYC Questionnaire | For Entities - Questionnaire + Corporate documents. |
| Or | May also require: |
| Entity BASIC KYC Questionnaire | Organization Chart; Directors statement; and Controlling |
| And | Persons Questionnaire + ID documents (unless already |
| Controlling Persons KYC Questionnaire | identified) |