

# INSTRUCTIONS FOR COMPLETING THE FORM

Before starting to complete the Service Order Form, please take note of the documentation you must have available, in order to complete the procedure correctly and efficiently.

## Note on the Board of Directors

The Board of Directors is the body that, under Panamanian law, manages and represents the company. It must be composed of three directors. One person may simultaneously hold the positions of president, secretary, and treasurer; however, even in this case, two additional directors must still be appointed to act as board members. If the client wishes the company to be of a nominee nature, nominee directors must be requested, with an additional cost per director.



**If the company is not of a nominee nature, it is mandatory to attach copies of the identification documents of the members of the Board of Directors.**

To complete the KYC procedure, the following documents must be attached:



**Valid identification document and/or passport**



**Selfie in which the identification document is clearly visible next to the face**



**Utility bill showing the address (water, electricity, or gas)**



**Proof of income of the Beneficiary (tax return or bank statement)**



**Selfie holding a signed sheet of paper next to the face, where both the signature and the face are clearly visible**

***Note: If there is more than one Beneficiary, each Beneficiary must complete and sign their own individual KYC form and attach the corresponding documentation.***

|  |  |   |  |
|--|--|---|--|
| SERVICE ORDER FORM   |  |   |  |
| Type of service requested  |  |   |  |
|  |  | Company incorporation   |  |
|  |  | Company renewal   |  |
| Select the company   |  | Select the legal structure                                    |  |
|  |  | Offshore Company in Panama                                    |  |
|  |  | S.A.  |  |
|  |  | Merger by absorption of companies in Panama                   |  |
|  |  | Inc.  |  |
|  |  | Holding company with bearer shares                            |  |
|  |  | Incorporated  |  |
|  |  | Creation of a DAO and offshore company                        |  |
|  |  | Corp  |  |
|  |  | Delaware Offshore Company                                     |  |
|  |  | Corporation   |  |
|  |  | Register an offshore company in Nevis                         |  |
|  |  | AG  |  |
|  |  | Exchange – company and license in Poland                      |  |
| Note: There is no legal difference between these types of companies  |  |   |  |
| Company name   |  |   |  |
|  |  |   |  |
| First alternative company name   |  |   |  |
|  |  |   |  |
| Second alternative company name  |  |   |  |
|  |  |   |  |
| Brief description of the economic activity   |  |   |  |
|  |  |   |  |
| BOARD OF DIRECTORS   |  |   |  |
| By law, three directors must be appointed. One person may simultaneously hold the positions of president, secretary, and treasurer. This option is recommended when the beneficiary wishes to assume these roles directly. In this case, the same name must be repeated in the three corresponding fields. |  |   |  |
| Nevertheless, it will still be mandatory to appoint two additional directors. These may be designated by the client or provided by us at a cost of EUR 100 per director per year. If the directors are provided by us, the word “nominee” must be entered in the corresponding fields.                     |  |   |  |
| Directors provided by OPM Corporation to ensure anonymity  |  |   |  |
|  |  | Yes, I want 3 Nominee Directors (EUR 100 per director / year) |  |
|  |  | No, I will appoint them myself                                |  |
|  |  | I need 1 Nominee Director                                     |  |
|  |  | I need 2 Nominee Directors                                    |  |
| Attention: By including their names in the Board of Directors, the directors lose anonymity, since by law the names of directors appear in the Public Registry.  |  |   |  |
| President – Full Name  |  |   |  |
|  |  |   |  |
| Secretary – Full Name  |  |   |  |
|  |  |   |  |
| Treasurer – Full Name  |  |   |  |
|  |  |   |  |
| Note: A copy of the identification document of each director must be attached.   |  |   |  |
| Owner – Full Name  |  |   |  |
|  |  |   |  |
| Are there other shareholders?  |  | Number of shareholders (maximum 3)                            |  |
|  |  | Yes   |  |
|  |  | 1   |  |
|  |  | No  |  |
|  |  | 2   |  |
|  |  | 3   |  |
| Shareholder #1   |  | Percentage (%)  |  |
| Full Name  |  |   |  |
| Phone  |  | Email   |  |
|  |  |   |  |

|  |  |  |                |
|--|--|--|----------------|
| Address  |  |  |                |
| Shareholder #2<br>Full Name  |  |  | Percentage (%) |
| Phone  |  | Email                                  |                |
|  |  |  |                |
| Address  |  |  |                |
| Shareholder #3<br>Full Name  |  |  | Percentage (%) |
| Phone  |  | Email                                  |                |
|  |  |  |                |
| Address  |  |  |                |
|  |  |  |                |
| SOURCE OF FUNDS  |  |  |                |
|  |  |  |                |
| Indicate the source of the funds of the beneficial owners to start the activity or the funds the company receives on a recurring basis (bank transfers).   |  |  |                |
| COUNTRY OR COUNTRIES OF OPERATION  |  |  |                |
|  |  |  |                |
| Indicate specifically all countries in which the company will operate. References to continents, regions, or generic terms are not accepted. "Operate" means the country where the company has clients and/or suppliers or from where it is effectively managed. |  |  |                |
| Physical address from which the company will be administered   |  |  |                |
|  |  |  |                |
| ASSETS AND FUTURE INTERESTS OF THE COMPANY   |  |  |                |
|  | Holding  | specify the type of participation:     |                |
|  | Other companies                                | indicate names and locations:          |                |
|  | Real estate                                    | Indicate location and estimated value: |                |
|  | Bonds, shares, or other securities             |  |                |
|  | Commercial, e-commerce, or industrial activity | Describe the activity:                 |                |
|  | Operational and/or investment bank accounts    | Indicate banks and addresses:          |                |
|  | Other activities                               | Detailed description:                  |                |
|  |  |  |                |
| Full Name of the accounting officer  |  |  |                |
|  |  |  |                |
| Phone  |  | Email                                  |                |
|  |  |  |                |
| Address  |  |  |                |

|  |   |
|--|---|
| Do you wish to add accounting modules? (additional cost)     |   |
|  | Yes   |
|  | No  |
| APPLICANT DETAILS <i>(if different from the Beneficiary)</i> |   |
| Full Name  |   |
|  |   |
| Phone  | Email   |
|  |   |
| Address  |   |
| DOCUMENT DELIVERY  |   |
|  | PDF delivery and storage of originals in our office |
|  | Registered mail (may take up to 30 days)            |
|  | DHL (additional fee)                                |

|  |                      |                           |                      |
|--|----------------------|---------------------------|----------------------|
| BENEFICIARY – KYC  |                      |                           |                      |
| Full Name  |                      |                           |                      |
|  |                      |                           |                      |
| Phone  |                      | Alternative phone         |                      |
|  |                      |                           |                      |
| Email  |                      | Alternative email         |                      |
|  |                      |                           |                      |
| Nationality  |                      | Tax identification number |                      |
| Address  |                      |                           |                      |
| Tax residence  |                      |                           |                      |
| Document delivery address (if different)                                 |                      |                           |                      |
|  |                      |                           |                      |
| Occupation or profession (detailed description)                          |                      |                           |                      |
|  |                      |                           |                      |
| Please specify your position and for whom you work. Avoid generic terms. |                      |                           |                      |
| Marital status   |                      |                           |                      |
|  | Married              |                           |                      |
|  | Single               |                           |                      |
|  | Separated / Divorced |                           |                      |
| Are you or any family member a Politically Exposed Person (PEP)?         |                      |                           |                      |
|  | Yes                  |                           |                      |
|  | No                   |                           |                      |
| REFERENCES   |                      |                           |                      |
| Reference 1  |                      | Reference 2               |                      |
|  | Lawyer               |                           | Lawyer               |
|  | Bank                 |                           | Bank                 |
|  | Accountant           |                           | Accountant           |
|  | Commercial reference |                           | Commercial reference |
| Full Name  |                      | Full Name                 |                      |
|  |                      |                           |                      |
| Phone  |                      | Phone                     |                      |
|  |                      |                           |                      |

|                   |  |         |  |
|-------------------|--|---------|--|
| Email             |  | Email   |  |
|                   |  |         |  |
| Address           |  | Address |  |
| Full Name         |  |         |  |
| Digital signature |  |         |  |
| Date              |  |         |  |