

# Information for Incorporation of Hong Kong Limited Company

\* Except for the specific fields, please fill in the Form ONLY in English

## Company Name:

1st Choice: English: \_\_\_\_\_  
Chinese: \_\_\_\_\_  
2nd Choice: English: \_\_\_\_\_  
Chinese: \_\_\_\_\_

**Authorized Capital: 10,000 shares**

## Shareholder Information:

1. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_  
HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

Number of shares subscribed: \_\_\_\_\_ Title: **Merchant**

2. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_  
HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

Number of shares subscribed: \_\_\_\_\_ Title: **Merchant**

3. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_  
HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

Number of shares subscribed: \_\_\_\_\_ Title: **Merchant**

- Please **E-mail [info@bmaccounting.com.hk](mailto:info@bmaccounting.com.hk)** or **Fax 852 - 3743 0449** the Completed Form for Application after you carefully checked and confirmed all information in this Form.
- 請填妥本表格並小心核對確定所有資料正確後，電郵致 **[info@bmaccounting.com.hk](mailto:info@bmaccounting.com.hk)** 或傳真致 **852 - 3743 0449**。

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## Director Information:

1. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_

HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_

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

\_\_\_\_\_

2. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_

HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_

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

\_\_\_\_\_

3. Name in English: Given name: \_\_\_\_\_ Surname: \_\_\_\_\_ Chinese: \_\_\_\_\_

HK I.D. No. / Passport No. & Passport Country: \_\_\_\_\_

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

\_\_\_\_\_

## Registered Office Address:

Please provide address here if you do not apply our registered office:

\_\_\_\_\_

\_\_\_\_\_

**Business Nature (only required for shell co.):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

\_\_\_\_\_

- Please E-mail **info@bmaccounting.com.hk** or Fax **852 - 3743 0449** the Completed Form for Application after you carefully checked and confirmed all information in this Form.
- 請填妥本表格並小心核對確定所有資料正確後，電郵致 **info@bmaccounting.com.hk** 或傳真致 **852 - 3743 0449**。