

KEARNEY



CURRAN

Company Formations - Established 1986 - *Company Searches*
e-mail: wcurr@indigo.ie website www.kearneycurran.ie

COMPANY FORMATION PROCEEDURES:

PLEASE "PRINT OFF" THIS FOLDER OF INCORPORATION DOCUMENTS, COMPLETE QUESTIONNEER AND SEND TO US IN MAIL WITH CHEQUE FOR €199

DIRECTORS SHOULD COMPLETE THE FORMS IN BLACK PEN AND SIGN THEIR CONSENT.

WE WILL ACT AS FIRST SECRETARY OF THE COMPANY FOR ONE DAY ONLY IN ORDER TO COMPLETE ALL THE FORMALITIES OF INCORPORATION.

COMPANIES MUST HAVE:

**A MINIMUM OF TWO DIRECTORS (AT LEAST ONE MUST BE AN IRISH RESIDENT)
A MINIMUM OF ONE SECRETARY (USUALLY ONE OF THE DIRECTORS)
A MINIMUM OF ONE SHAREHOLDER
A REGISTERED OFFICE (A HOME ADDRESS WOULD SUFFICE.**

INCORPORATION TAKES 3-5 WORKING DAYS

ORDER FORM - (COMPLETE IN BLOCK/TYPE)

PROPOSED COMPANY NAME _____

2ND CHOICE IF ANY

MAIN BUSINESS/ACTIVITY

PLACE IN STATE WHERE
PROPOSED ACTIVITY WILL

BE CARRIED ON (IF UNKNOWN YET, DIRECTORS HOME ADDRESS WILL SUFFICE)

PLACE IN STATE WHERE
CENTRAL ADMINISTRATION

WILL BE CARRIED ON. (AS ABOVE)

DIRECTORS NAME:

HOME ADDRESS: _____

DIRECTORS NAME:

HOME ADDRESS: _____

DIRECTORS NAME:

HOME ADDRESS: _____

SECRETARIES NAME:

HOME ADDRESS: _____

NOMINAL SHARE CAPITAL €100,000 STANDARD , OTHER _____

ISSUED CAPITAL _____

SHAREHOLDERS NAME:

ADDRESS:

NUMBER OF SHARES _____

SHAREHOLDERS NAME:

ADDRESS:

NUMBER OF SHARES _____

SHAREHOLDERS NAME:

ADDRESS:

NUMBER OF SHARES _____

PROPOSED REGISTERED OFFICE

YOUR COMPANY NAME:

ADDRESS:

CONTACT

PERSON:

E-MAIL:

TEL:

FAX NO:

ORDER NO:

DATE:

FOR OFFICIAL USE ONLY

INV NO:

S.S. NO

===== >

CHEQUE MUST ACCOMPANY ORDER FORM BEFORE WE CAN PROCEED

Director details
including shadow/
alternate directors

Please give details below of the persons who have consented in writing to become directors. *note six*

Surname

Former surname

Forename
note three

Former forename
note four

Date of birth

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Irish resident
note seven

Residential address
note three

Business occupation

Nationality

Alternate director
note eight

Full director appointing alternate director
note eight

Other directorships

Company *note nine*

Place of incorporation *note ten*

Company number

Consent

I hereby consent to act as director of the aforementioned company and I acknowledge that as director I have legal duties and obligations imposed by the Companies Acts, other enactments and at common law.

Signature

Date

Surname

Former surname

Forename
note three

Former forename
note four

Date of birth

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Signature

Date