


JCA BOOKKEEPING SERVICES

Unit 1, 2/F, ESC Building
Kinalumsan St., Gun-ob, Lapu-Lapu City
Cebu, 6015, Philippines
Tel: (032) 340 1730 Mobile: (0922) 841 1949
Email: jcabookkeeping@yahoo.com
Website:

PHILIPPINES COMPANY REGISTRATION APPLICATION FORM

(Php are used throughout unless otherwise stated)
(Please write in block letters)

Applicant's Information

Name:		Mobile /Tel	
Email Address		Fax:	

Incorporation Method

Type:	() New Corporation/Partnership/Sole
	() Branch Corporation / Partnership/Sole

Proposed name (s) - (Order of preference)

First Choice	() Corporation () Incorporated () Inc. or Corp. (underline)
Second Choice	() Corporation () Incorporated () Inc. or Corp. (underline)
Third Choice	() Corporation () Incorporated () Inc. or Corp. (underline)

Registered Capital

Registered Capital Details	() PH Corporation or Partnership () PH Sole Proprietorship At least 25% of the Capital Stock MUST be paid up and deposited intact to the bank under the name of the treasure-in-fact (temporarily) as pre-requisite to the Security and Exchange Commission (SEC) registration. The bank will issue a Certificate of Deposit. You will transfer to the corporate bank account after the release of SEC certificate. (The above will not applicable to SOLE)				
	Capital Stock :	No. of Shares:	Par Value/share:		
	Paid-up Capital:				
	No. of Stockholder (Min of 5, maximum of 15)	No. of Filipino?		%	
		No. of Foreigner(s)?		%	

Registration Office Address and Nature of Business

I'd like to use our choice below address as our company address: () "YOUR ADDRESS" Unit 1, 2/F, ESC Building Kinalumsan St., Gun-ob, Lapu-Lapu City Cebu, 6015, Philippines () "OUR ADDRESS" _____ _____ _____	Nature of Business:
--	---------------------

Company Secretary Information

() I would like to appoint JCA BOOKKEEPING SERVICES as our Company Secretary.

() I would like to appoint our incorporator as our Company Secretary.

Name of Company Secretary		CTC. No.	
		Date Issued:	
Occupation		Place Issued:	
Residential Address		TIN:	

Information of Shareholder(s) and Directors(s)

1. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

2. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

3. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

4. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

5. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

6. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

7. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

8. Applicant's Position		Nationality:	CTC. No. :	
			Passport No.:	
Applicant's Name			Place Issued:	
Residential Address			Date Issued:	
			TIN:	

Please provide scan copies of identity card or passport of all shareholders or owner for verification purposes. Sole Proprietorship need not to fill up this page no. 2.

Open Bank Account in Which Bank? (for Corporation only)			
Bank Name:		Address/Branch	

Primary Purpose of the Corporation/partnership	

Secondary (if any) Purpose of the Corporation/partnership	

Other Information			
Annual Meeting:		Fiscal Year:	
No. of Official Receipts (OR) to be printed?		No. of Sales Invoice to be printed?	

Source of fund for this transaction		
() Business	() Savings	() Others (Please specify:)

Please indicate how do you know our company?		
() Referral	() Internet	() Others (Please specify:)

_____ oOo _____

I permit all information to be released for completing the registration. I understand that one set of Articles and By-laws will be taken as a record and I understand the administration of the Corporation, Partnership or Sole Proprietorship do not relate to JCA BOOKKEEPING SERVICES. I also accept that the payment for this service is non-refundable under any circumstances.

I certify that all the above information are true:

Signature: _____

Date: _____

Applicant's Name: _____

For internal use only			
Check if completed:			
() TIN	() Passport	() Residential Address	() Document pick up by: _____
Other documents submitted (Please specify) 1 _____ 2 _____		Payment (S): 3 _____ () Partial : _____ date: _____ 4 _____ () Full : _____ date: _____	