



INCORPORATION APPLICATION FORM SOCIEDAD ANÓNIMA

Please provide the following information in order to execute the incorporation process. **IMPORTANT:** This information will be used and registered as received by our team. Should you have any doubts with the form or the services, contact our members to avoid any inconvenience during the process. Please **enable Macros and Active X content** in the macro security warning in order to complete the form.

INCORPORATION PACKAGES

	Incorporation	Basic Package	FULL PACKAGE
Annual Tax for the 1 st year	*	*	*
Articles of Incorporation	*	*	*
Translation of the Articles		*	*
Apostille of the Articles			*
Extract from Registry		*	*
Translation of the Extract		*	*
Apostille of the Extract			*
Stock Purchase-Sale Agreement		*	*
Share Certificates	*	*	*
Legal Books	*	*	*
First Minutes in the Books	*	*	*
Resident Agent			*
CR Domicile/Mail Forwarding			*
Shipping			*
COST	USD\$600	USD\$700	USD\$1350

CHOOSE YOUR PACKAGE: Incorporation Basic Full Package

1. COUNTRY OF INCORPORATION		Costa Rica	
2. NAME OPTIONS TO BE REGISTERED			
Name option 1:			
Name option 2:			
Name option 3:			
Type of Corporation:	S.A. (Sociedad Anónima):	X	

3. NATURALEZA DEL NEGOCIO (OBJETO):

4. PROPOSED SHARE CAPITAL OF THE COMPANY:	
Capital	100000 Colons
Number of Quotas	1000
Value of One Share	100 Colons



5. SHAREHOLDERS

Provea la siguiente información de los ACCIONISTAS (proveemos 3 espacios para Accionistas. Solo debe registrar el número requerido. En caso de ser más los accionistas, favor comunicarlo a nuestro equipo)

Personal Information SHAREHOLDER 1

A. Last Name		
First Names		
Date of Birth (dd/mm/yyyy)		
Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		
Occupation		
Permanent Home Address Information		
Street/Other:		Street Number:
City:	Post Code:	
Province:	Country:	
Email:	Fax:	Tel:
Number of shares to be held	Percentage:	%

Personal Information SHAREHOLDER 2

B. Last Name		
First Names		
Date of Birth (dd/mm/yyyy)		
Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		
Occupation		
Permanent Home Address Information		
Street/Other:		Street Number:
City:	Post Code:	
Province:	Country:	
Email:	Fax:	Fax:
Number of shares to be held	Percentage:	%

Personal Information SHAREHOLDER 3

C. Last Name		
First Names		
Date of Birth (dd/mm/yyyy)		
Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		





QUALITY SOLUTIONS

Occupation			
Permanent Home Address Information			
Street/Other:			Street Number:
City:	Post Code:		
Province:	Country:		
Email:	Fax:	Fax:	
Number of shares to be held	Percentage:	%	

5. THE BOARD OF DIRECTORS OF THE COMPANY

In the case of an S.A. (Sociedad Anonima) it is required 4 directors as minimum. At least the president must have power of attorney to act in the name of the corporation.

A. PRESIDENT			
A. Last Names			
First Names			
Date of Birth (dd/mm/yyyy)			
Passport / ID Number			
Nationality			
Place of Birth (city/country)			
Marital status			
Occupation			
Permanent Home Address Information			
Street/Other:			Street/Other:
City:	City:		
Province:	Province:		
Email:	Email:	Email:	

A. SECRETARY			
A. Last Names			
First Names			
Date of Birth (dd/mm/yyyy)			
Passport / ID Number			
Nationality			
Place of Birth (city/country)			
Marital status			
Occupation			
Permanent Home Address Information			
Street/Other:			Street/Other:
City:	City:		
Province:	Province:		
Email:	Email:	Email:	

A. TREASURER			
A. Last Names			
First Names			
Date of Birth (dd/mm/yyyy)			





QUALITY SOLUTIONS

Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		
Occupation		
Permanent Home Address Information		
Street/Other:	Street/Other:	
City:	City:	
Province:	Province:	
Email:	Email:	Email:

A. CONTROLLER		
A. Last Names		
First Names		
Date of Birth (dd/mm/yyyy)		
Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		
Occupation		
Permanent Home Address Information		
Street/Other:	Street/Other:	
City:	City:	
Province:	Province:	
Email:	Email:	Email:

E. REPRESENTATIVE(S) OF THE CORPORATION:	(Por favor registrar las siguientes personas como representantes de la sociedad) SA (Al menos el presidente debe tener poder):
	<input type="checkbox"/> President: <input type="checkbox"/> Full Power <input checked="" type="checkbox"/> Limited Power: Specify:
	<input type="checkbox"/> Secretary: <input type="checkbox"/> Full Power <input checked="" type="checkbox"/> Limited Power: Specify:
	<input type="checkbox"/> Treasurer: <input type="checkbox"/> Full Power <input checked="" type="checkbox"/> Limited Power: Specify:
	<input type="checkbox"/> Controller: (The controller is not allowed to have powers over the corporation)
	Type of Representation: <input type="checkbox"/> Separate Representation <input type="checkbox"/> Joint Representation Only



6. REGISTERED ADDRESS IN COSTA RICA (REQUIRED):

(if it is going to be provided by Quality Solutions Network S.A., omit this information)

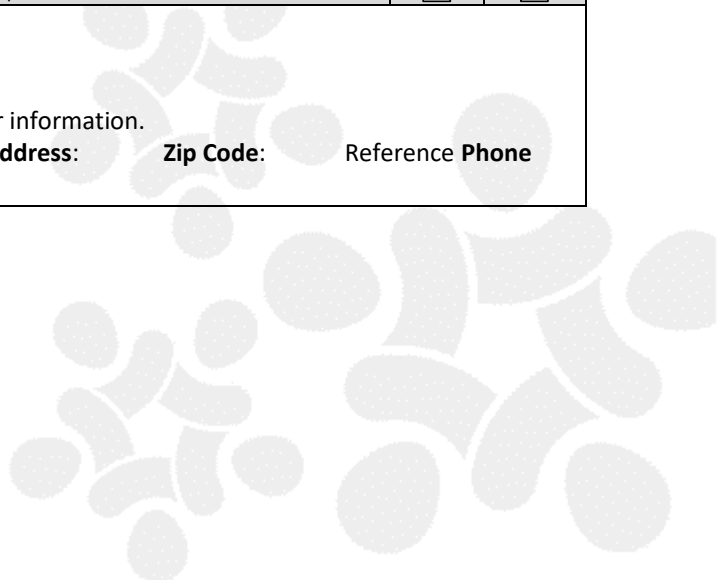
7. ADDITIONAL SERVICES:

(This is a summary of the services provided by Quality Solutions, if one or more additional services are going to be hired, please let us know).

SUMMARY OF SERVICES NOT INCLUDED IN THE INCORPORATION PACKAGE:			Yes	No
Virtual Office Specify :	Starting	USD\$120	<input type="checkbox"/>	<input type="checkbox"/>
Logo Design Specify :		USD\$150	<input type="checkbox"/>	<input type="checkbox"/>
Trademark Specify :		USD\$580	<input type="checkbox"/>	<input type="checkbox"/>
Annual Tax Payment Procedure. Amount of tax is not included		USD\$150	<input type="checkbox"/>	<input type="checkbox"/>
Apostille of Documents Specify :	each	USD\$150	<input type="checkbox"/>	<input type="checkbox"/>
Official Translation of Documents Specify :		Quote	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney in the name of third party Specify :		USD\$300	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED SERVICES FOR NON COSTA RICAN RESIDENTS

REQUIRED SERVICES :	Yes	No
Costa Rican Domicile / Mail Forwarding: Annual Fee USD\$150. **Required	<input type="checkbox"/>	<input type="checkbox"/>
Costa Rican Resident Agent: Annual fee USD\$150. **Required	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL SERVICES :		
Legalization/Apostille of Documents: USD\$150 per document: **If this service is needed, it is usual to legalize/apostille 2 documents: Articles of incorporation and Extract from the National Registry (Personería Jurídica). Country where documents will be used:	<input type="checkbox"/>	<input type="checkbox"/>
Submission of Tax declaration (Tax Filing): Annual fee USD\$150.	<input type="checkbox"/>	<input type="checkbox"/>
Shipping Method: DHL (usually 3-5 days) USD\$200 <input type="checkbox"/> FedEx (usually 3-5 days) USD\$200 <input type="checkbox"/> * Time for the shipping is an estimate based on the Courier information.		
Address for the Shipping of the Package: Country: Address: Zip Code: Reference Phone Number:		





8. CONTACT DETAILS OF THE APPLICANT

(Provide the information of the person responsible for the service hired and the contact details)

A. Last Names		
First Names		
Date of Birth (dd/mm/yyyy)		
Passport / ID Number		
Nationality		
Place of Birth (city/country)		
Marital status		
Occupation		
Permanent Home Address Information		
Street/Other:	Street Number:	
City:	Post Code:	
Province:	Country:	
Email:	Fax:	Fax:

9. DECLARATION

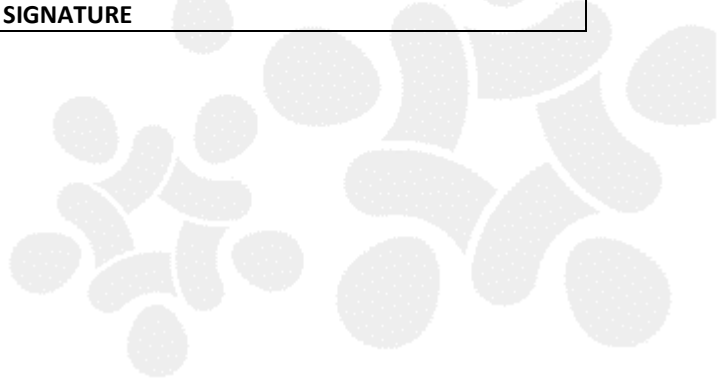
I/We do hereby declare that all details given above are true and accurate, that we authorize and appoint Quality Solutions Network S.A. to act as our representative in accordance with the instructions detailed above.

We agree to abide by the laws of the country of incorporation of the company and conditions of business as specified, and assure that the corporation(s) will not execute any illegal activity.

We hereby warrant that we will indemnify and hold harmless Quality Solutions Network S.A. and any person who may be a shareholder, director, employee or associate of Quality Solutions Network S.A. in respect of all legal actions, claims or demands, damages, losses or costs of whatsoever nature, incurred by Quality Solutions Network S.A. in connection with our above instructions.

We also accept responsibility for timely payment of the agreed initial, regular and annually recurring charges and fees billed by Quality Solutions Network S.A. as provided by the terms and conditions of business, which effectively constitute a services contract between ourselves and Quality Solutions Network S.A.

DATE	(date here)	DATE	(date here)
(Your full name here)		(Your full name here)	
FULL NAME		FULL NAME	
(Your Name and Signature)		(Your Name and Signature)	
SIGNATURE		SIGNATURE	



PAYMENT OPTIONS:



BANK WIRE TRANSFER INSTRUCTIONS:
Please take this information into account:



PAYPAL:

