



Incorporation Application Form

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.

1. COUNTRY OF INCORPORATION	
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2. COMPANY NAME (shelf corporation)	
Name Option 1 (New Corporation)	
Name Option 2 (New Corporation)	
Name Option 3 (New Corporation)	
Would you like it or them to be:	
<input type="checkbox"/> S.A. (Sociedad Anónima):	
<input type="checkbox"/> S.R.L. (Sociedad de Responsabilidad Limitada):	

3. NATURE OF BUSINESS	
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4. PROPOSED SHARE CAPITAL OF THE COMPANY	
Capital	100000 Colones
Number of Shares	1000
Value of one Share	100 Colones

5. SHAREHOLDERS	
Please register the following parties as Shareholders (We provide 5 spaces for shareholders. If more shareholders are to be registered, contact our team with the information of the other owners of the corporation)	

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	
Street	
Number	
City	
Post Code	

Province		
Country		
Email		
Tel		
Fax		
Number of shares to be held	Number of Shares:	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		
Street		
Number		
City		
Post Code		
Province		
Country		
Email		
Tel		
Fax		
Number of shares to be held	Number of Shares:	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		
Occupation		
Permanent Home Address		
Street		
Number		
City		
Post Code		
Province		
Country		
Email		
Tel		
Fax		
Number of shares to be held	Number of Shares:	Percentage: %
Personal Information SHAREHOLDER 4		

D. 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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	
Number of shares to be held	Number of Shares: Percentage: %
Personal Information SHAREHOLDER 5	
E. 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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	
Number of shares to be held	Number of Shares: Percentage: %

5. THE BOARD OF DIRECTORS OF THE COMPANY	
Please register the following parties as Directors	
A. PRESIDENT	
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	
B. SECRETARY	
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	
C. TREASURER	
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	
Street	
Number	
City	
Post Code	
Province	

Country	
Email	
Tel	
Fax	

D. CONTROLLER / AUDITOR	
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	

E. REPRESENTATIVE(S)	(Please provide the person or people who are going to act on behalf of the corporation. If it is one of the shareholders or any member of the board of directors, just mention it)
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	

6. REGISTERED ADDRESS:	(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)

	Yes	No
Legalization of Documents USD\$150 per document: **If this service is needed, it is usual to legalize 2 documents: Articles of incorporation and Representation Certification.	<input type="checkbox"/>	<input type="checkbox"/>
Costa Rican Domicile / Mail Forwarding: Annual Fee USD\$150	<input type="checkbox"/>	<input type="checkbox"/>
Costa Rican Resident Agent: Annual fee USD\$150	<input type="checkbox"/>	<input type="checkbox"/>
Presentation of Tax declaration: Annual fee USD\$150.	<input type="checkbox"/>	<input type="checkbox"/>
POA registration in the name of third people	<input type="checkbox"/>	<input type="checkbox"/>

E. POA Holder 1

(If Power of Attorney is to be registered in the name of third parties, please provide the corresponding information)

Type of POA	<input type="checkbox"/> Full POA <input type="checkbox"/> Limited POA
If the POA is to be limited , provide the information of the limitations	
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	

E. POA Holder 2

(If Power of Attorney is to be registered in the name of third people, please provide the information)

Type of POA	<input type="checkbox"/> Full POA <input type="checkbox"/> Limited POA
If the POA is limited, provide the information of the limitations	
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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	

8. 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 in here)	DATE	(date in here)
	(Your full name in here)		(Your full Name in Here)
FULL NAME		FULL NAME	
	(Your Name as Signature)		(Your Name as Signature)
SIGNATURE		SIGNATURE	

9. CONTACT DETAILS OF THE APPLICANT

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

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	
Street	
Number	
City	
Post Code	
Province	
Country	
Email	
Tel	
Fax	

To make the payment for the hired service or services, you can make a bank wire to our account in Costa Rica. Please take this information into account: (the payment must be made in US dollars)

- Bank's name: Banco de Costa Rica.
SWIFT of BCR: BCRICRSJ or UNIVERSAL id 019339.
Beneficiary's Name: Quality Solutions Network S.A.
- Beneficiary's Address: Costa Rica, San José, Guadalupe, Goicoechea, Northwest side of the Court of Justice 75 meters south.
- Account Number: 366-0000393-0