



Incorporation Application

Please provide the following information in order to execute the incorporation process:

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:
	S.A. (Sociedad Anónima):
	S.R.L. (Sociedad de Responsabilidad Limitada):

3. NATURE OF BUSINESS	

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	
Personal Information	
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: **%
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: **%

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:		
Costa Rican Domicile / Mail Forwarding: Annual Fee USD\$150		
Costa Rican Resident Agent: Annual fee USD\$150		
Presentation of Tax declaration: Annual fee USD\$150.		

8. DECLARATION

We _____ and _____ 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