

A. Client Information

Name:

Email:

Phone Number:

B. Proposed Business Information

1. Proposed Commercial Names

1st Priority:

2nd Priority:

3rd Priority:

2. Nature of Business:

Please explain below the nature of your proposed business:

3. Shareholders:

Name	Passport No.	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Authorized Signatory

Name	Passport No.	Singly Jointly
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Initials:

PISA-SRF-V002



5. Directors

Name

Passport No.

6. Capital InformationCurrency: Amount: **7. Office Requirement**

Private Office

Business Centre

Incubation Centre

Workshop

C. Required Documents

1. Passport Copies of Shareholders, Authorized Signatories and Directors.
2. Proposed Office Photos and Address (For approval)
3. Last 6 months bank statement of all shareholders will be required at the time of bank account opening.
4. Business plan (If any)
5. Any other relevant document as required by licensing authority.

D. Declaration

I hereby authorize PI Startup Advisory to establish a company in Bahrain as described in this form.

Name: _____ Signature: _____

Date: _____ Passport No. _____ Phone: _____

PI Startup Advisory is subject to the rules of prevention of money laundering and terrorist financing provisions of Law 10/2010. According to Article 3, the beneficial owner of the interest derived from this professional assignment must be identified. The client hereby confirms the legitimacy of the Proof of funds & Source of funds. To change any information in this form kindly send email to info@pistartup.co.

For Official Use Only

Consultant Name: _____ Signature: _____

Receiving Date: _____ Submission Date: _____

Quotation No. _____ Invoice No. _____ Application No. _____

