

IRISH INCORPORATIONS LTD.

COMPANY FORMATION FORM

E-MAIL COMPLETED FORM TO: OFFICE@IRISHINC.IE

YOUR INFORMATION		
Last Name:	First Name:	Middle:
Address:		
Home Phone No.:	Mobile Phone No.:	
Fax No:	E-mail:	
COMPANY INFORMATION		
First Choice Company Name:		
Second Choice Company Name:		
Company Type:		
What will the Company do:		
Would you like Irish Incorporations to provide the Registered Office Address:		
If not (can be residential address):		
Authorised Share Capital (Standard €100,000 divided into 100,000 shares @ €1.00 each):		
DIRECTORS (MINIMUM 1 REQUIRED)		
Last Name:	First Name:	Middle:
Address:		
Date of Birth:	Nationality:	
Home Phone No:	Mobile Phone No.:	
Fax No:	E-mail:	
Other Directorships (Past or Present):		

DIRECTORS (MINIMUM 1 REQUIRED)

Last Name:	First Name:	Middle:
Address:		
Date of Birth:	Nationality:	
Home Phone No:	Mobile Phone No.:	
Fax No:	E-mail:	
Other Directorships (Past or Present):		

SHAREHOLDERS (MINIMUM 1 REQUIRED)

Last Name:	First Name:	Middle:
Address:		
Home Phone No:	Mobile Phone No.:	
Fax No:	E-mail:	
Number of Shares held:		

COMPANY SECRETARY

Would you like Irish Incorporations to provide the Company Secretary:		
Last Name:	First Name:	Middle:
Address:		
Date of Birth:	Nationality:	
Home Phone No:	Mobile Phone No.:	
Fax No:	E-mail:	

I hereby confirm that the above details are correct: _____ Date: _____