



LLC INFORMATION FORM

NAME OF ENTITY

ACTIVITIES OF THE COMPANY

Please indicate the activities in which the Company is engaged and provide full details – a response such as “holding company” or “investments” is not sufficient.

SOURCE OF FUNDS

Please indicate the source of funds and the estimated amount of capital used to fund the company. This should clearly indicate how the beneficial owner(s) generated the wealth utilised to fund the entity.

MANAGER(S)

Please provide the complete name and address of each manager.

Manager #1

Name

Address

Telephone

 Email

Occupation

Manager #2

Name

Address

Telephone

 Email

Occupation



LLC INFORMATION FORM

Manager #3

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

MEMBER(S) AND BENEFICIAL OWNERS

Please provide the complete name and address of each member and each beneficial owner if different from the members.

Member #1

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

Member #2

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

Member #3

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

Beneficial Owner #1

Name _____

Address _____

Telephone _____ Email _____

Occupation _____



LLC INFORMATION FORM

Beneficial Owner #2

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

Beneficial Owner #3

Name _____

Address _____

Telephone _____ Email _____

Occupation _____

REQUIRED SUPPORTING DOCUMENTS

The following documents dated not more than three months prior to the submission of this form are to be furnished for each of the ultimate individual beneficial owners, members and managers:

- Certified or notarized passport copy
- Proof of residential address, such as a copy of a utility bill or a bank or credit card statement
- Professional reference letter on letterhead
- Financial institution reference letter on letterhead

Where a corporate entity acts as a member or manager, we require a copy of the Articles of Incorporation, Formation Certificate or equivalent document of that entity, together with the supporting documents indicated above pertaining to the individual owner(s) of such entity.

Completed By

Name _____

Company/Firm _____ Email _____

Address _____ Phone _____

_____ Fax _____

Signature _____ Date _____

Morning Star Holdings Limited
 Hunkins Waterfront Plaza
 Suite 556
 Main Street
 Charlestown, Nevis
 West Indies
 Tel +1-869-469-1817
 Fax +1-869-469-1794
 info@morningstarnevis.com