

To : **DMS Corporate Services Pte. Ltd.** Fax No. : 65 6311 0058
16 Collyer Quay #17-00 Tel No : 65 6311 0030
Singapore 049318 E-mail : nlatiff@dmscorpserv.com

Re : REGISTRATION OF BRANCH IN SINGAPORE

We hereby instruct you to register a branch in Singapore, based on the information below:-

1. Name of Branch

1.1	Name of Foreign Company:
1.2	Suffix, if any :

Note : Name of the Branch should be similar to the name of the foreign company in the country of origin. . You have the option to add one of the following suffixes: "Singapore Branch" "Branch Office" or "Branch Office Singapore"

2. Country of incorporation of the foreign company Date of incorporation

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3. Capital structure of foreign company

Currency	Authorised Share Capital	Is the company limited by shares, guarantee, others (pls. specify)

4. Foreign company's principal activities:

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5. Other countries in which the foreign company is also registered as a foreign company:

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6. Registered office of branch in Singapore

Address	
Days & hrs opened	

Note : Pls. type address of our registered office if you wish to use our address as the registered office of your branch. Our fee is S\$500 p.a.

7. Particulars of Directors of foreign company

	First Director	Second Director	Third Director
Name			
NRIC/Passport No.			
Residential Address			
Nationality			
Date of appointment			
Current Occupation			
E-mail Address & Tel. No.			

Note : Please attach a separate sheet if the space above is insufficient.

6. Agents

	1 st Agent	2 nd Agent
Name		
NRIC/FIN No.		
Residential Address		
Nationality		
E-mail Address & Tel. No.		

Note: The foreign company must appoint two or more (natural) local agents who are ordinarily resident in Singapore to accept the service of process and other notices served on the company. This information is requested for the filling of Form that is required to be signed by the two agents before a Notary Public.

We are able to provide you with two agents at a fee of S\$2,000 p.a.. However, if you use our nominees as agent, the registered office of your branch must be at our office. If you wish us to provide a nominee, pls. indicate in the box above.

Signed By : _____

Name :
 Designation :
 Company :
 Address :

E-mail address:

Tel. & Fax Nos.:

Date :

Please tick ☒ this box ☐ if you would like us to provide this service.