

NORTHERN IRELAND COMPANY FORMATION ORDER FORM

COMPANY SETUP
 Coliemore House
 Coliemore Road
 Dalkey, Co Dublin
 Tel: (01) 2848911
 Fax: (01) 2048177
info@companysetup.ie
www.companysetup.ie

Your Details
 Your Name: _____
 Phone No: _____
 E-mail: _____
 Company: _____
 Invoice Address: _____

PLEASE FILL IN THE FOLLOWING DETAILS:

Company Details

Proposed Company Name:
 Proposed Company Activities:
 Proposed Registered Office Address (Northern Ireland):

Director 1:

Name:
 Address:
 Date of Birth:
 Occupation:
 Place of Birth: Nationality:
 Mothers Maiden Name:
 Eye Colour:

Director 2 (if applicable):

Name:
 Address:
 Date of Birth:
 Occupation:
 Place of Birth: Nationality:
 Mothers Maiden Name:
 Eye Colour:

Share Capital:

Issued shares: Ordinary Shares of Stg£ Each

Shareholder 1:

Name:
 Address:
 Number of shares:

Shareholder 2 (if applicable):

Name:
 Address:
 Number of shares:

When Completed, Please email this form to info@companysetup.ie or fax this form back to 01-2048177