THE COMMONWEALTH OF DOMINICA Office of the Maritime Administrator



APPLICATION FOR INCORPORATION AS A COMMONWEALTH OF DOMINICA IBC, INTERNATIONAL BUSINESS COMPANY

Name:		
Address:	(No P.O. Boxes)	
Telephone:		
E-mail:	Date of Birth:	
* Please attach copies	of the identification pages from your	passport with this application.
		C names must end with Ltd., Corp., Inc., Limited, Corporation, Bank, Trust, Fund, Sovereign, Royal or any numbers in the
1 2		
3		
Type of business this co	ompany will be engaged in:	
	e can only be one initial director. Mo rector may also be a shareholder.	ore may be added after the incorporation, by special
Shares issued to: Full i	ndividual names (Each additional sh	areholder certificate after the first one is \$10USD)
2	Or Bearer Shares?	☐ Yes ☐ No
3		
Share Capital:	Value to be attribut	ed to each share:
Signature of Applicant _		
Printed Name	_	
Date		