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|  |

 | memo-pad**M A Group** - Management and Accounting Professional |
|  | Change of Company Service Provider

|  |  |  |
| --- | --- | --- |
| Items | Description | Remarks |
| Company Name in English | [English company name] |  |
| Company Name in Chinese | [Chinese company name] |  |
| Jurisdiction | [Jurisdiction] |  |
| Certificate of Incorporation no. | [Certificate of Incorporation no,] | For existing company |
| Business Registration Certificate | [Business Registration Certificate] | For existing company |
| Date of Incorporation | [Date of Incorporation] | For existing company |
| Nature of Business | [Nature of Business] | Not more than 35 words |
| Full Name of existing company secretary / accountant  | [Name] |  |

Existing Company Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Structure

|  |  |  |
| --- | --- | --- |
| 1 | Registered Capital | HK$[. ] divided by [. ] no. of share **OR**US$[. ] divided by [.] no. of share  |
| 2 | Total no. of shareholder (Founder Member) | [nos. of shareholder.]Nos. |
| 3 | Total no. of director | [ nos. of director]Nos. |
| 4 | Address of Registered Office | [Address of Registered Office] |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Intended services required from Metopro Associates Limited

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item |

|  |
| --- |
| Description |

 | Please tick / specify | Remarks (if any) |
| 1 | Licensed company secretary | Yes [ ] No[ ]  | [Remarks if any] |
| 2 | Designated Representative for keeping the Significant Controllers Registers (SCR) | Yes [ ] No[ ]  | [Remarks- if any] |
| 3 | Provision of Registered Office | Yes [ ] No[ ]  | [Remarks- if any] |
| 4  | Provision of Virtual Office | Yes [ ] No[ ]  | [Remarks- if any] |
| 5 | Provision of Bank Account Opening Service | Yes [ ] No[ ]  | **If choose yes**, we will send the Annex A “Information and Documents required for bank account opening” separately  |
| 6 | Provision of Accounting Service | Yes [ ] No[ ]  | **If choose yes** we will send the Annex B “Information and Documents required for accounting service” separately |
| 7 | Provision of Audit Service | Yes [ ] No[ ]  | **If choose yes,** we will send theAnnex C “ Information and Documents required for audit service” separately |
| 8 | Other than the above services | Please specify | [other services required- if any] |

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|  |  |

Reasons for changing the existing company service providers to Metopro Associates Limited

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Please tick /specify | Please specify –(if any) |
| 1 | Bad Service attitude | [ ]  | [please specify- if any] |
| 2 | The services do not meet our requirement  | [ ]  | [please specify- if any] |
| 3 | The service fees are beyond our budget | [ ]  | [please specify- if any] |
| 4 | The service providers ceased of business | [ ]  | [please specify- if any] |
| 5 | The service providers terminate the services without reasons | [ ]  | [please specify- if any] |
| 6 | Other than the above reasons | Please specify | [other reasons if any] |

# Basic Company Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Activity[ ]  Own real estate property[ ]  Hold shares in private companies[ ]  Hold financial investment[ ]  Trading- provide details of product traded

|  |  |  |
| --- | --- | --- |
| Main Products | Location of Suppliers | Location of Buyers |
| Main products | Location of Suppliers | Location of Buyers |
| Expected Annual Turnover  | US$ Expected annual turn over |

[ ]  Consultancy Service – provide details of services provided

|  |  |
| --- | --- |
| Consultancy Service | Location of customers |
| Main consultancy service | Location of customers |
| Expected Annual Turnover  | US$ Expected annual turn over |

[ ]  OthersPlease provide details

|  |
| --- |
| Others |

 |
| Physical Office Address (other than virtual office)

|  |  |
| --- | --- |
| Office address | Office address |
| Main contact person | Main contact person |
| Local telephone no. | Local telephone no. |
| Local fax no. | Local fax no. |
| Mobile phone no. | Mobile phone no. |
| Email address | Email address |

Remarks: The physical office address may refer to the actual business address. It can be anywhere other than Hong Kong. |

Source of Company Funding

|  |  |
| --- | --- |
| [ ]  Funds from beneficial owners[ ]  Funds from shareholders[ ]  Funds from a third party (incl. borrowings and loans)[ ]  Other – please specify

|  |
| --- |
| Others |

 |

Shareholder- (Individual)

Please provide the passport copy and residential address proof of each shareholder

If shareholders are more than 2 nos. please use the supplement sheets of shareholder (individual)

Shareholder (1)

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Tax Residency (if known) | Tax Residency |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |
| No. of shares to be held | No. of shares to be held |

Source of fund and wealth of shareholder (1)

|  |  |
| --- | --- |
| [ ]  | Salary / Employment Income – please confirm occupation, industry and employer (incl. company website). |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Investment Income – please confirm nature or type of investment and countries where investments are made. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Inheritance / Family Wealth – please provide details on how funds inherited were derived prior to inheritance. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Others – please confirm in details as to origin of wealth / company funding |
| Please describe | Please describe |

Shareholder (2)

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Tax Residency (if known) | Tax Residency |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |
| No. of shares to be held | No. of shares to be held |

Source of fund and wealth of shareholder (2)

|  |  |
| --- | --- |
| [ ]  | Salary / Employment Income – please confirm occupation, industry and employer (incl. company website). |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Investment Income – please confirm nature or type of investment and countries where investments are made. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Inheritance / Family Wealth – please provide details on how funds inherited were derived prior to inheritance. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Others – please confirm in details as to origin of wealth / company funding |
| Please describe | Please describe |

Shareholder- (Corporation)

Please provide the copy of Certificate of Incorporation of the Corporation.

Please provide the passport copy and residential address proof of each shareholder and director of the Corporation.

If corporate shareholders are more than 2 nos. please use the supplement sheets of shareholder (Corporation).

Corporate Shareholder (1)

|  |  |
| --- | --- |
| Company Name | Company name |
| Company No. | Company no. |
| Place of Incorporation | Place of incorporation |
| Date of Incorporation | Date of incorporation |
| Registered office address | Registered office address |
| Contact person | Contact person |
| Telephone no. | Telephone no. |
| Email address | Email address |
| Nos. of share to be held | Nos. of share to be held |

Corporate Shareholder (2)

|  |  |
| --- | --- |
| Company Name | Company name |
| Company No. | Company no. |
| Place of Incorporation | Place of incorporation |
| Date of Incorporation | Date of incorporation |
| Registered office address | Registered office address |
| Contact person | Contact person |
| Telephone no. | Telephone no. |
| Email address | Email address |
| Nos. of share to be held | Nos. of share to be held |

Director- (Individual)

Please provide the passport copy and residential address proof of each director of the company

If directors are more than 2 nos. please use the supplement sheets of director (individual)

Director (1)

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |

Director (2)

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |

Director- (Corporation)

Please provide the copy of Certificate of Incorporation of the Corporation.

Please provide the passport copy and residential address proof of each shareholder and director of the Corporation.

If corporate directors are more than 2 nos. please use the supplement sheets of director (Corporation).

Corporate Director (1)

|  |  |
| --- | --- |
| Company Name | Company name |
| Company No. | Company no. |
| Place of Incorporation | Place of incorporation |
| Date of Incorporation | Date of incorporation |
| Registered office address | Registered office address |
| Contact person | Contact person |
| Telephone no. | Telephone no. |
| Email address | Email address |

Corporate Director (2)

|  |  |
| --- | --- |
| Company Name | Company name |
| Company No. | Company no. |
| Place of Incorporation | Place of incorporation |
| Date of Incorporation | Date of incorporation |
| Registered office address | Registered office address |
| Contact person | Contact person |
| Telephone no. | Telephone no. |
| Email address | Email address |

Beneficiary owner(s)

Please provide the passport copy and residential address proof of each beneficiary owner of the company

If beneficiary owners are more than 2 nos. please use the supplement sheets of beneficiary owner

Beneficiary owner (1)

If the beneficiary owner (1) is the same shareholder (1) (please insert the full name of the shareholder 1], then the particulars of beneficiary owner (1) is not required. Otherwise, please complete the followings.

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Tax Residency (if known) | Tax Residency |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |
| No. of shares to be held | No. of shares to be held |

Source of fund and wealth of beneficiary owner (1)

|  |  |
| --- | --- |
| [ ]  | Salary / Employment Income – please confirm occupation, industry and employer (incl. company website). |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Investment Income – please confirm nature or type of investment and countries where investments are made. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Inheritance / Family Wealth – please provide details on how funds inherited were derived prior to inheritance. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Others – please confirm in details as to origin of wealth / company funding |
| Please describe | Please describe |

Beneficiary owner (2)

If the beneficiary owner (2) is the same shareholder (2) (please insert the full name of the shareholder 2], then the particulars of beneficiary owner (2) is not required. Otherwise, please complete the followings.

|  |  |
| --- | --- |
| Surname (family name) | Surname – (family name) |
| Other name (given name) | Other name |
| Chinese name (if any) | Chinese name |
| Date of Birth | Date of birth |
| Nationality | Nationality |
| Passport no. or HKID | Passport no. or HKID |
| Tax Residency (if known) | Tax Residency |
| Residential Address | Residential address |
| Telephone no. | Telephone no. |
| Mobile no. | Mobile no. |
| Email Address | Email address |
| No. of shares to be held | No. of shares to be held |

Source of fund and wealth of beneficiary owner (1)

|  |  |
| --- | --- |
| [ ]  | Salary / Employment Income – please confirm occupation, industry and employer (incl. company website). |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Investment Income – please confirm nature or type of investment and countries where investments are made. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Inheritance / Family Wealth – please provide details on how funds inherited were derived prior to inheritance. |
| Please describe | Please describe |

|  |  |
| --- | --- |
| [ ]  | Others – please confirm in details as to origin of wealth / company funding |
| Please describe | Please describe |

Remarks:

For change of company secretary / Designated Representative for keeping significant controllers registers / registered office / virtual office etc.

Please provide the copies of the following documents

1. NNCI – incorporation form
2. Certificate of Incorporation
3. Latest Business Registration Certificate
4. Memorandum & Article of Association
5. Latest Annual Return (if the company is incorporated more than 1 year)
6. Instrument of transfer (if any)
7. Board minutes (if any)
8. HKID or Passport copy of each shareholder, ultimate beneficiary owner, director
9. The residential address proof of each shareholder, ultimate beneficiary owner, director

For change of accountant / Auditor.

Please provide the copies of the following documents

1. The latest Trial Balance, Balance Sheet, Income Statements. Those closing balance must conform to the figures of the audit reports.
2. The breakdown of each accounts receivable, accounts payable, accrual, prepayment, sale deposit, purchase deposit, rental deposit etc.
3. The latest audit report, the tax computation, supporting schedule for tax computation

Declaration:

I/We hereby confirm the information provided by me (us) are true and correct. I/we appoint Metopro Associates Limited (Service Company) to provide the above said services based on the information that I/We provided.

I/We further confirm that I/We will not execute nor request Metopro Associates Limited and/or its representatives to execute any transactions (see followings, a to h) which are illegal in Hong Kong or elsewhere, and/or ultra vires the Memorandum and Articles of Association of the Company, and/or unethical or likely to impair the Service Company’s reputation, and that the Company will not be used inter alia for the following activities, if we conduct any illegal transactions in Hong Kong or elsewhere, we understand Metopro Associates Limited will terminate all the services without compensation and/or report to the Law Enforcement Officers immediately

* + 1. Money Laundering
		2. To receive the proceeds of drug trafficking
		3. To receive the proceeds of criminal activities
		4. Terrorist activities
		5. Trading in arms and weapons
		6. To assist in fraud
		7. To carry on licensable activity, e.g. banking, insurance, investment business without such licence
		8. To enter into any other illegal prohibited or otherwise unauthorized activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: (your full name)

Date: (insert date)