INCORPORATION PACKAGE (2019)

COMPANY NAME:	Page No Of
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COMPANY DETAIL

Date

	* Mandatory Entries, ^ Str	rike out irreleva	nt choices		
Company Details					
* Name of Company (Primary)					
Name of Company (Secondary), Optional					
* Registered Office Address					
*^Working Hours	Less than 5Hrs each business day		At least 5Hrs each business day		
* Primary Activities					
Secondary Activities					
*^ In-Principle approval from Referral Authorities	Yes		No		
Company Share Capital Deta	ails (Only required if entity type	is a 'Company')			
Currency (e.g. SGD)					
Shares Payable	Cash	Cash Equivalent		Others	
Total Ordinary Shares	Number of Shares:				
	Amount of issued share Capital:	:			
	Amount of Paid up Share Capital:				
Total Preference Shares	Number of Shares:				
	Amount of issued share Capital:	:			
	Amount of Paid up Share Capital:				
Total Others	Number of Shares:				
	Amount of issued share Capital:	:			
	Amount of Paid up Share Capital:				
Constitution (M&AA): Use n informed	nodel constitution and adopt the co	onstitution in forc	ce at the time	of adoption unless otherwise	
I, the undersign, declare tha	t the above information is corre	ct.			
Name(s)					
Director Signature(s)					
Signature(s)					