

BUSINESS PLAN

Company Name:

Business Activity (if Trading Company)	
Please fully describe the intended activities, including products and services being sold/provided.	
Business Activity (if Holding Company)	
Please provide name and line of business of the investee company.	
Please describe what assets it will acquire and hold.	
Company Details	
If you have an existing company please advise year the business began actual operations and number of employees.	
Website (if any)	
Market & Sector targeted	

Version updated: Dec 31st, 2019

Asia Pacific – Hong Kong

One IBC Limited

One IBC Limited ("Trust or Company Service Provider"), One IBC CPA Limited ("Certified Public Accountants"), One IBC Asset Management Limited and One IBC Secretarial Limited, all companies incorporated in the Hong Kong SAR with limited liability.

Add: Unit 1411, 14/Floor, Cosco Tower, 183 Queen's Road Central, Sheung Wan, Hong Kong.
Tel: +852 5804 3919 Email: hongkong@oneibc.com



Asia Pacific – Singapore

One IBC Pte. Ltd.

One IBC Pte. Ltd ("Corporate Service Providers") - ACRA Filing Agent Number: FA20180115), Incorporated in Republic of Singapore with limited liability.

Add: 1 Raffles Place, #40-02, One Raffles Place, Office Tower 1, Singapore 048616.
Tel: + 65 6591 9991 Email: singapore@oneibc.com

Each member firm of One IBC network is legally separate and independent entities affiliated with One IBC AG ("One IBC"), a Swiss entity. All rights reserved.



Goals & Objective		
Source of Initial Funds/Deposit		
Please indicate how did you earn or obtain this money and explain how personal funds have been accumulated.		
Will first initial funds be coming from personal account or individual or company or client payment		
Please specify clearly		
Incoming Payments		
Please provide expected ORIGIN of funds to be credited and the list of countries and banks from which your revenue will originate.		
Name of main Clients and their Locations	Name	Country

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Outgoing Payments		
Please provide expected destination of payments and the list of countries and banks to which you will remit payments.	Name	Country
Name of main Suppliers and their Locations	Name	Country
Forecasts of Business		
Expected Annual Turnover	USD	
Expected Annual Expenditure	USD	
Size Transactions/per month	In coming	Outgoing
	USD	USD
Expected number of transactions	In coming	Outgoing
Monthly		
Yearly		
Please advise when the account will be fully transactional.		

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Brief Background on Ultimate Beneficial Owner (s) - UBO	
Please indicate past and current employment and related experience.	
Please indicate qualification of UBO	

Hereby, I / We declare and confirm that the above mentioned company of which I/We am/are the Ultimate Beneficial Owners, will not be utilized in any of the following activities:

1. Money Laundering.
2. Receiving the proceeds of drug trafficking.
3. Receiving the proceeds of criminal activities. Terrorist activities.
4. Promotion of Adult content websites and related industry.
5. Trading of weapons and military arms.
6. Entering into any other illegal activities.

.....
 SIGNATURE/S
 Name of UBO(s): _____
 Date:...../...../20

.....
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 Name of UBO(s): _____
 Date:...../...../20

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