Address:

Number of shares:

UK COMPANY FORMATION ORDER FORM

Company Setup	Your Details Your Name:	
Coliemore Road Dalkey,Co Dublin	Phone No:	
Tel: (01) 2848911 Fax: (01) 2048177		
info@companysetup.ie	E-mail:	_
www.companysetup.ie		_
	Invoice Address:	
PLEASE FILL IN THE FO	OLLOWING DETAILS:	
Company Details	DECWING DETRIES.	
Proposed Company Name:		
Proposed Company Activities	es:	
Proposed Registered Office	Address (UK):	
Director 1:		
Name:		
Address:		
Date of Birth:		
Occupation:		
Place of Birth:	Nationality:	
Mothers Maiden Name:	1 (Wildiani)	
Eye Colour:		
Director 2 (if applicable):		
Name:		
Address:		
Date of Birth:		
Occupation:		
Place of Birth:	Nationality:	
Mothers Maiden Name:	Tuttonanty.	
Eye Colour:		
Share Capital:		
-	ary Shares of Stg£ Each	
Shareholder 1:		
Name:		
Address:		
Number of shares:		
Shareholder 2 (if applicable Name [.]) :	

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