

VIRTUAL OFFICE ORDER FORM

Please complete in **BLOCK CAPITALS** print out and return this form to us by fax or via email:

FAX: +44(0)2074996368 Email: omega@omegadirect.biz

If you need a help completing this form, please contact Omega Group. Details can be found at www.omegadirect.biz

* Mandatory fields

1. ABOUT THE COMPANY	
Company Name*	<input style="width: 100%;" type="text"/>
Registration Number*	<input style="width: 40%;" type="text"/> Date of Formation <input style="width: 40%;" type="text"/>
Registered Office Address*	<input style="width: 100%; height: 40px;" type="text"/>
Type of Business/ Activity*	<input style="width: 100%; height: 80px;" type="text"/>
Website	<input style="width: 100%;" type="text"/>
Director(s) Name*	<input style="width: 100%;" type="text"/>
Secretary(ies) Name*	<input style="width: 100%;" type="text"/>
Others (who else apart from the company's officers could be called for)	<input style="width: 100%; height: 60px;" type="text"/>

2. SERVICE PLAN* – please select the appropriate service plan:		
1st Package	2nd Package	3rd Package
Mail Forwarding	Live Telephone Answering	Fax Forwarding

2.1 TELEPHONE NUMBER	
Please provide e-mail address you wish us to forward your messages to:*	<input style="width: 100%;" type="text"/>
Alternatively, please provide the telephone number you would like all the calls to be redirected to:	<input style="width: 100%; height: 40px;" type="text"/>
Preferred greeting message (e.g. Good Morning/Afternoon/Evening. How can I help you?)	<input style="width: 100%; height: 100px;" type="text"/>

Special instructions:
(e.g. Director is out of office, on a business trip, etc.)

2.2 FAX NUMBER

Please provide e-mail to forward fax messages

2.3 MAIL ADDRESS

Please provide the address for mail forwarding

3. DECLARATION

I/We (name)*

of (billing address)*

Phone no:

Fax no:

e-mail*

Hereby declare:

- that all details given above are true and accurate, that I/We agree to abide by your standard Terms and Conditions of Business and that I/We accept responsibility for the payment of the agreed initial and annually charges billed;
- that I/We understand that the above services run on a annual fee basis;
- that all transactions conducted by the above company will be commercially bona fide, have substance, and not be used for any unlawful purpose.

Signed*

Date*

4. CARD DETAILS

Card Type*

VISA

MASTERCARD

AMEX

Other

Cardholder name*
(as appears on card)

Cardholder Address*

Card Expiry Date*

/

Issue Number (Switch Only)

CVV Security Code (If applicable)

Cardholder Signature*

Date*

5. PROCEDURE HEREAFTER

We will contact you shortly to clarify your instructions, finalise the application process, arrange payment, and collect certain mandatory information relating to the prevention of money laundering.