

# KEARNEY



# CURRAN

*Company Formations - Established 1986 - Company Searches*  
*e-mail: wcurr@indigo.ie*

Company Formation Procedures - Sports Clubs, Social Co's,  
Community or Trade Associations

Complete the following forms online or print off, complete and send to us (in mail or e-mail) with payment of €299.

Our staff will act as first directors, secretary and members for one day only in order to complete all the formalities of incorporation. On the day after incorporation we will change all to the rightful persons;

Companies must have;

1. A minimum of two directors (at least one must be an EEA resident).
2. A minimum of one secretary (can be one of the directors, the secretary must be experienced and have the skills necessary to discharge their statutory and other legal duties). We could provide one if needed.
3. A minimum of one member.
4. A registered office (a home address would suffice)

Incorporation takes approx. 3 working days.

**~ ORDER FORM ~  
COMPLETE IN BLOCK/TYPE**

Proposed Company Name:	
E-mail Address for Correspondence	
Proposed Registered Office of the Company:	_____
Purpose/Activity of the Company:	
Place in State where proposed activity will be carried on:	_____
Place in State where Central Administration will be carried on:	(IF UNKNOWN YET, DIRECTORS HOME ADDRESS WILL SUFFICE)

**MINIMUM DIRECTOR REQUIRMENT IS TWO:**

Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Directors Name:	
Address:	
Secretary Name:	
Address:	

X

**~ ORDER FORM ~ CONTINUED ~  
COMPLETE IN BLOCK/TYPE**

**MINIMUM MEMBER REQUIRED: ONE**

Members Name:	
Address:	
Members Name:	
Address:	
Members Name:	
Address:	
Members Name:	
Address:	
Members Name:	
Address:	
Members Name:	
Address:	
Members Name:	
Address:	

Your Company Name \_\_\_\_\_

Name of Person sending this order \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Order Number:	Invoice No:	Date: _____
Due Diligence Required	Yes      No	If yes, is it on file:      Yes      No
		Checkers Name: _____

**Director details**  
*Including shadow/  
alternate directors*

Please give details below of the persons who have consented in writing to become directors.

Surname

Forename

Day

Month

Year

Date of birth

EEA resident

Residential address

  
  

Business occupation

Nationality

Other directorships

Company

  
  

Place of incorporation

  
  

Company number

  
  

Surname

Forename

Day

Month

Year

Date of birth

EEA resident

Residential address

  
  

Business occupation

Nationality

Other directorships

Company *note nine*

  
  

Place of incorporation *note ten*

  
  

Company number

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EEA resident

Residential address


Business occupation

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Nationality

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Other directorships

Company *note nine*


Place of incorporation *note ten*


Company number
