

In order to avoid data loss, we recommend you save the file on your computer and fill it out there.

## Order for foundation of a German limited liability company UG

### Client (Invoice recipient):

		F		TD I	D
Surname		First and mid	ddle names according	g ID document	Date of birth
Nationality		Passport nur	mber	Place of birth	1
Street and ho	use number of the regi	stration address			
Zip code	City of the registration	on address		Country (if n	ot Germany)
Landline telephone			Fax if available		
Landine telep					
Landine telep					

If the client is a legal entity (e.g. company), please enter here the person authorised to sign and enter the organisational data into the Notes field at the end of the form.

#### If different from the client, who will be the shareholder:

Surname		First and mi	ddle names according	ID document	Date of birth
Nationality		Passport nu	mber	Place of birth	١
Street and hou	se number of the regist	ration address			
Zip code	City of the registration	n address		Country (if n	ot Germany)
Landline telephone			Fax if available		
Cellphone			E-mail address		

If the shareholder is a legal entity (e.g. company), please enter here the person authorised to sign and enter the organisational data into the Notes field at the end of the form. The same procedure applies if additional shareholders are to be specified.



Req	juested confi	iguration and regist	tered office	).		
	-					
	Desired name of the UG (corporate name)					
	What activity will the UG undertake (business purpose):					
	The above as 20	al aftilia and a same aball b		( 6 500)		
	The share capit	al of the company shall b	e: €	(min. € 500)		
	☐ The register	red office in Berlin is rente	ed for the UG:			
		plus VAT per month, mon	-	-	ı	
	me rem wii	I be settled directly betwe	een your comp	any and the landiord		
	Otherwise the r	egistered office is at:				
	Street and hou	se number				
	Zip code	City in Germany				
N 4	i Di					
iviai	naging Direc	tor:				
	☐ The client (	see above) becomes man	aging director			
	Otherwise the r	managing director shall b	e:			
	Surname		First and mide	dle names according	ID document	Date of birth
	Nationality		Passport num	ber	Place of birth	ı
	Street and house number of the registration address					
	Zip code	City of the registration a	ıddress		Country (if no	ot Germany)
	Landline teleph	one		Fax if available		
	Cellphone			E-mail address		



Notes or additional information:				

I hereby instruct the Foundation of a UG according to German law at a price of € 1,340.00 plus VAT (gross € 1,594.60) with the following services:

- Preparation and execution of the formation formalities including notary appointment
- Application for registration in the commercial register by the notary
- Preparation and support in opening the business account
- Assistance with the tax registration of the company
- Assistance with the company's business registration at the trade office
- Rent of the registered office (if commissioned)

I have transferred the fee for the package in the amount of € 1,594.60 to the following account:

Bank: Landesbank Berlin

**Account holder:** SiBa Wirtschaftskanzlei GmbH **IBAN:** DE60 1005 0000 0190 8380 35

**BIC/Swiftcode:** BELADEBEXXX



#### **General Terms and Conditions for the Foundation Service**

After the opening of the company account, the client (or shareholder) has to pay in the share capital according to the order (at least € 500) upon request.

The services of SiBa Wirtschaftskanzlei GmbH relate exclusively to the formation of the company. Additional services (such as consulting) are only owed upon separate written agreement. For legal reasons, neither legal nor tax advice may be given. If a special motivation or purpose is pursued, a lawyer or tax advisor should be consulted.

# The incorporation fee does not include notary fees and registration fees (commercial register, business registration).

I am aware that you will only start providing your service after receipt of the package price.

After the prerequisites have been met (including complete receipt of payment, submission of identification documents, power of representation, ownership and control structure, information on money laundering prevention and submission of all other information and documents that may be requested by the notary), SiBa Wirtschaftskanzlei GmbH will execute the order or part of the order for which the requirements are met, within 10 working days except Saturday.

I hereby authorise you to instruct the notary selected by you to draw up all necessary deeds (including incorporation, company registration) on my behalf. I am aware that the notary will charge a drafting fee even if no notarial deed is executed through my fault. I agree that you may then settle this fee from the package fee paid by me and that you will then no longer reimburse me for this portion.

tileti ile	ronger reimbarse me for ans portion.	
	ve received and read the cancellation policy ops://siba-wirtschaftskanzlei.de/pdf/en/withdra	
the con the revo	end of the cancellation period. I am aware th tract by SiBa Wirtschaftskanzlei GmbH. I am a German Civil Code (BGB) for the service prov	tskanzlei GmbH already begins with the commissioned service before at I lose my right of withdrawal upon complete fulfilment of the ware that I owe an appropriate amount according to § 357a (2) of ided by SiBa Wirtschaftskanzlei GmbH if I exercise the right of Wirtschaftskanzlei GmbH to begin the service before the end of the
	vare that there is no right of revocation for the (2) 13 BGB).	e notarial contracts and certifications to be concluded in this context
	ther the client nor any other party involved, o mber of a politically exposed person or a clos	r their beneficial owner is a politically exposed person, a family ely related to politically exposed person.
under p or habi	public law or if he does not have a permanent	ent is a merchant or a legal entity under public law or a special fund residence in Germany, or the Client has moved its place of residence ome into effect or if the place of residence or habitual residence is
	Place and Date	Signature

Please send the signed form by E-Mail to post@siba-wirtschaftskanzlei.de or by fax to +49 30 77 00 600 89