

PAYROLL AND ACCOUNTING

CLIENTS CHECKLIST

COMPANY INFORMATION – *(please provide the following information)*Company Name: *(Click below to enter text)*Physical Address: *(Click here to enter a date)*

Telephone Numbers:

Fax Number:

Email:

Website:

RO / RA Address: *(Click here to enter a date)*

Telephone Numbers:

Fax number:

Email:

Website:

Contact Name: *(Click below to enter text)*Position: *(Click below to enter text)*Contact Address: *(Click here to enter a date)*

Email address:

Telephone Numbers:

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CHECKLIST		
<input type="checkbox"/>	Business entity type: <i>(Sole Proprietorship/LLC/Corporation)</i>	
<input type="checkbox"/>	Certified Copy of the Certificate of Incorporation <i>(Incorporation Number & Date)</i>	
<input type="checkbox"/>	Certified copy of the Memorandum and Articles of Association (or equivalent) of the entity.	
<input type="checkbox"/>	Certificate of Good Standing. – (not less the 6months old)	
<input type="checkbox"/>	Certified copy of National Insurance Certificate of Registration.	
<input type="checkbox"/>	Certified Register of Officers and Directors	
<input type="checkbox"/>	Names and addresses of the signatories	
<input type="checkbox"/>	Certified copies of the relevant pages of passports and proof of address for each signatory, Director.	
<input type="checkbox"/>	Letter from RO/RA confirming that all reporting as required by the laws and regulations of The Bahamas	
<input type="checkbox"/>	Letter from the RO/RA confirming they are in possession of the Client Information in accordance with the laws and regulations of The Bahamas.	
<input type="checkbox"/>	Letter from the RO/RA confirming that the client is not subject to FACTA/CRS reporting.	
<input type="checkbox"/>	Resolution of the Board of Directors authorizing the opening of the account and the signatories.	