

REGISTRATION FORM

Company Details								
Name of Company:								
Registration Number:								
Place / Date of Incorporation:								
Ultimate Beneficial Owner:								
Registered Address:								
Mailing Address:								
Tel/Fax No:								
Company Email Address:								
Contact Person								
Tel/Fax No:								
E-mail:								
Shareholders/Partners Up to UB	0							
Name		Pei	rcentage of share	Amount of share				
Management of Company								
Name			Position					
Contact details of Traders								
Name	Office Nu	ımber	Mobile Number	Email Address				
Bankers								
Name	Contact Per		Co	ntact Details				
Trading Items / Products								

NATIONAL COMMODITY OPERATORS SA

Reg. No. 48479 in the Marshall Islands Trust Company Complex Ajeltake Road, Ajeltake Island, Majuro, Marshall Islands, MH 96960s domiciled in Route de Meyrin, 123 Châtelaine. 1219 Geneva, Switzerland email:info@natcomops.com

www.natcomops.com



Trade References

Name	Contact Details				

Financial Highlights

Please provide the latest annual report and audited consolidated financial statements certified by independent certified public accountants for each of the last two years.

Also, provide summary of financial data for the last three years in the following format:

Name	Year N	Year N-1	Year N-2		
Gross Income					
Net Profit					
Capital					

I here	by certify	\prime that the c	details giver	i above are i	true and	l correct to t	he	best o	f my	knowl	edge	٤.
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Place:	
Date:	Name & Designation - Authorized Signatory

Enclosures are required to be duly certified as True Copy

- Certificate of Incorporation
- Memorandum and Articles of Association
- Annual Accounts for the previous 2 years
- Copy of latest Credit rating certificate if any
- Trading Certificate
- VAT / GST Registration certificate
- Passport / Driving License copies of all Directors
- Structure of Group Companies and their holdings

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