AR CORPORATE SECRETARIES LIMITED
Forming & Administering Companies Worldwide
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Form WUB1

STATUTORY BOOKS SERVICE (UK COMPANIES)

There are various pieces of information we require in order to complete the writing up of the statutory books following incorporation and the first board meeting.

Always Required:

1. The new Registered Office address (this will be taken from the Form 287, which you will be providing for us anyway).
2. The names and full residential addresses of the new Director(s) and Company Secretary (this will be taken from the Forms 288a, which you will be providing for us anyway).
3. The name(s) and address(es) of the new shareholder(s) to whom the two subscriber shares will be transferred. *Note that these shares will be issued fully paid up against the recoverable cost of forming the company.*

Optional:

4. If you wish us to allot extra shares (over and above the initial two subscriber shares) we need to know the name(s) and address(es) of the shareholder(s) and how many shares each will be having. We also need to know how these shares will be paid for (cash, fully or partly against recoverable formation cost, in exchange for goods, etc) and if they will be issued at a premium how much that will be.

You may use the spaces below to provide the information for points 3 and 4 above as applicable, or provide this information in any other written or faxed format. Should you require any advice then please do not hesitate to contact us.

SUBSCRIBER SHAREHOLDER(S)
There will be two subscriber shares already issued, as fully paid up, and these need to be transferred to their new owner or owners. Please insert the name(s) and address(es) here:

Subscriber Shareholder 1:	*Subscriber Shareholder 2:*
Name:	Name: . . . . .
Address:	Address: . . . . .
. . . . .	. . . . .
. . . . .	. . . . .
. . . . .	. . . . .
Post Code:	Post Code: . . . . .

ADDITIONAL SHARES TO BE ISSUED:
If you wish extra shares to be issued complete the following for EACH shareholder:

New Shareholder 1:	*New Shareholder 2:*
Name:	Name: . . . . .
Address:	Address: . . . . .
. . . . .	. . . . .
. . . . .	. . . . .
. . . . . Post Code:	. . . . . Post Code: . . . . .
Number of Shares	Number of Shares . . . . .
How to be Paid For	How to be Paid For . . . . .
. . . . .	. . . . .
. . . . .	. . . . .

CONTINUE ON EXTRA SHEET(S) IF REQUIRED