



Incorporation Form GmbH (LLC)

Please print and fill out. Then send it by fax to +41 (0)41 500 33 01, via E-Mail to: contact@launchswiss.ch, or by post to LAUNCHSWISS AG, P.O. Box, CH - 6341 Baar.

After the form has been received, we will check the information, contact you and present you with a written offer.

Customer

Title Ms. Mr.

Academic title _____

Name and surname _____

Company _____

Street and No. _____

ZIP and City _____

Country _____

Telephone (including country code) _____

Telefax (including country code) _____

E-Mail _____

Billing address (if different)

Title Ms. Mr.

Academic title _____

Name and surname _____

Company _____

Street and No. _____

ZIP and City _____

Country _____

Comments



Business Name

Business Name

GmbH

Fancy names permissible. Additional characters are excluded. Technical information must comply with the purpose of the company. Legal form description is mandatory.

Foreign legal form descriptions

SARL

SAGL

LLC

Company address

The company has its own offices

Street and No.

ZIP and City

A third party grants the company domicile (c/o)

Domicile holder

Street and No.

ZIP and City

Booking a business address

Normal business address without c/o supplement (shared office)

in Baar (Canton Zug)

Ordering of a legal domicile at launchswiss (c/o)

in Baar (Canton Zug)

in Herisau (Canton Appenzell Ausserrhoden)

Purpose

Principal purpose

Capital

Capital

CHF

The minimum capital is CHF 20,000.00 of which 100 % must be paid in.

Number of shares

Par value

CHF

Partner – Individual

Please fill out this information sheet for each partner (individual), marking the individual points consecutively.

Title Ms. Mr.

Academic title _____

Surname _____

Name _____

Given name _____

Date of birth _____

Street and No. _____

ZIP and City _____

Country _____

Citizenship _____

Place of origin (if you are a Swiss national) _____

Allocation of Shares

Number of shares for this partner _____

Subscribed capital _____ CHF

Function and Signature

Function Partner
 Partner and Manager
 Partner and President of the Management

As far as you determine more than one manager, you must elect a president of the management from these managers.

Signature Single signature
 Dual signature required
 Without signing rights

Partner – Legal entity

Please fill out this information sheet for each partner (legal entity), marking the individual points consecutively.

Company

ID

Country

Legal seat

Street and No.

ZIP and City

represented by

Title Ms. Mr.

Academic title

Surname

Name

Given name

Date of birth

Street and No.

ZIP and City

Country

Citizenship

Place of origin (if you are a Swiss national)

Function and signature entitlement of the representative company (in compliance with the commercial register)

Function

Signature Single signature Dual signature required

In as far as dual signature are required, please enter the name of the additional entitled person.

Allocation of Shares

Number of shares for this partner

Subscribed capital

CHF

Manager

Please fill out an information sheet for each manager, marking the individual points consecutively.

Title Ms. Mr.

Academic title _____

Surname _____

Name _____

Given name _____

Date of birth _____

Street and No. _____

ZIP and City _____

Country _____

Citizenship _____

Place of origin (if you are a Swiss national) _____

Function and Signature

- Function Manager
- President of the Management

As far as you determine more than one manager, you must elect a president of the management from these managers.

- Signature Single signature
- Dual signature required
- Without signing rights

Other authorised signatories

Please fill out an information sheet for each signature entitled person/authorised signatory, marking the individual points consecutively.

Title	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Academic title	_____
Surname	_____
Name	_____
Given name	_____
Date of birth	_____
Street and No.	_____
ZIP and City	_____
Country	_____
Citizenship	_____
Place of origin (if you are a Swiss national)	_____

Function and Signature

Function	<input type="checkbox"/> Proxy holder
	<input type="checkbox"/> Authorised signatory
Signature	<input type="checkbox"/> Single signature
	<input type="checkbox"/> Dual signature required



Audit

Abdication of the selection of auditors

Selection of auditors

The auditors must be responsible to the Swiss Federal Auditing Supervisory Authority.

Auditor

Street and No.

ZIP and City

Assignment of launchswiss for the appointment of auditors

Capital Contribution

Opening of the capital contribution account is carried out by the founder

The capital should be paid into a Capital Payment Account at a Swiss bank.

Bank

Street and No.

ZIP and City

Opening of the capital contribution account is carried out by launchswiss

Account Opening

Opening of the ordinary account is carried out by the founder

Opening of the ordinary account is carried out by launchswiss

Formalities

Type of formation

by mail

in person (in Baar, Canton of Zug)

Type of application for registration

standard

telegraphically (express)

Designated amount of notarised

1 2 3 4 5

excerpts from the commercial register

Additional services

Fiduciary managing director

Bookkeeping, annual accounts and tax return

Personnel administration

Phone Service