## Please return to:

## 2. DR. JENS HEINIG NOTARY

Poststraße 6 • 40789 Monheim on the Rhine. TEL 02173 / 399591-0 . FAX 02173 / 399591-11 . info@notar-heinig.de DATA FOR PREPARATION OF AN AG FORMATION
Further information also under www.notar-heinig.de/ag-gruendung/

## I. Company

1. Company (name of the company):
2. Subject (activity of the company):
3. Seat: a) Street/No.: $\qquad$ b) ZIP Code/Place:
4. Share capital:

Height: € $\qquad$
5. Business year: O equals calender year O Variation, namely $\square$
(Please coordinate the deviation with the responsible tax office beforehand!)
6. Special majority requirements:

- for "normal" resolutions
$\square$ \% of the votes cast
- for resolutions amending the articles of association $\square$
$\square$ $\%$ of the votes cast Minimum quorum for a resolution $\square$ $\%$ of all available votes 7. Type of shares:
Registered or bearer sharesRegistered shares
O Nominal value sharesBearer shares
Nominal or no-par shares
O No-par shares

Differentiation between ordinary and preference shares
8. Sale of shares:

O freely possible
O with the approval of the annual general meeting
O with the consent of the management board O to co-shareholders freely possible
9. Recovery regulation:
O Yes
O No

## 10. Authorised capital:

O No
O Yes, in the amount of $€$ $\square$ until $\square$

In order to speed up your registration, please coordinate the company name and subject matter as well as any trade or craft licensing requirements with the responsible Chamber of Industry and Commerce and, if applicable, the responsible Chamber of Crafts before notarization. Thank you!

## II. Shareholders

## 1. Shareholder

|  | $\square$ |
| :--- | :--- |
| Name: |  |
| First name: |  |
| Birth name: |  |
| Date of birth: |  |
| Street/No.: |  |
| ZIP Code/Place: |  |
| Phone no.: |  |
| E-Mail: |  |
|  |  |

Number of shares:
Payment amount per share: Nominal amount per share:
Premium per share:
Deposit in \%:


## If contributions in kind:

Object of the contribution in kind:

|  |  |
| :--- | :--- |
| Proof of value: |  |

German language skills: O Yes O No, translation English language skills: O Yes O No

Familiy status: O unmarried O married
O divorced $O$ widowed
2. Shareholder

| Name: |  |
| :---: | :---: |
| First name: <br> Birth name: |  |
|  |  |
| Date of birth: |  |
| Street/No.: <br> ZIP Code/Place |  |
|  |  |
| Phone no.: |  |
| E-Mail: |  |

Number of shares:
Payment amount per share:
Nominal amount per share:
Premium per share:
Deposit in \%: $\square$
If contributions in kind:
Object of the contribution in kind:


O Yes O No, translation
O Yes O No

O unmarried O married
O divorced $O$ widowed
only if married: O Community of accrued gains
Matrimonial regime: O Separation of property
O Community of property
O Foreign regime ( $\rightarrow$ S. 3)

## 3. Shareholder



O Community of accrued gains
O Separation of property
O Community of property
O Foreign regime ( $\rightarrow$ S. 3)

## 4. Shareholder



Number of shares: Payment amount per share: Nominal amount per share: Premium per share:

Deposit in \%:

|  |
| :--- |
|  |
|  |


|  |  |
| :--- | :--- |
| Number of shares: |  |
| Payment amount per share: |  |
| Nominal amount per share: |  |
|  |  |
| Premium per share: |  |
| Deposit in \%: |  |

## If contributions in kind:

Object of the contribution in kind:
$\square$

## If contributions in kind:

Object of the contribution in kind:

|  |  |
| :--- | :--- |
| Proof of value: |  |

German language skills: O Yes O No, translation
O Yes O No, translation
English language skills: O Yes O No
O Yes O No

Familiy status: O unmarried O married O divorced O widowed

O unmarried O married
O divorced O widowed
only if married: O Community of accrued gains
Matrimonial regime: O Separation of property
O Community of property
O Foreign regime ( $\rightarrow$ S. 3)

O Community of accrued gains
O Separation of property
O Community of property
O Foreign regime ( $\rightarrow$ S. 3)
(Please indicate any other shareholders on a separate sheet or by e-mail).

## If shareholders are married (even if the spouse is not involved!):

This information is important so that we can determine whether foreign marriage law applies. This may provide for special features which we must take into account during the formation so that you can participate in the company in a legally secure manner!

Please tell us in each case in which country the habitual residence (center of life) of you and your spouse was/is located and which nationality you had/have in each case:

## Shareholders:

Date of marriage of shareholder 1:
(Always fill in all details for both spouses, even if only one spouse is founding the company!)

| Name |  |  |
| :--- | :--- | :--- |
| Habitual residence <br> at the time of marriage |  |  |
| Habitual residence <br> now |  |  |
| Nationality <br> at the time of marriage |  |  |
| Nationality <br> now |  |  |

Date of marriage of shareholder 2: $\square$
(Always fill in all details for both spouses, even if only one spouse is founding the company!)

| Name |  |  |
| :--- | :--- | :--- |
| Habitual residence <br> at the time of marriage |  |  |
| Habitual residence <br> now |  |  |
| Nationality <br> at the time of marriage |  |  |
| Nationality <br> now |  |  |

Date of marriage of shareholder 3: $\square$
(Always fill in all details for both spouses, even if only one spouse is founding the company!)

| Name |  |  |
| :--- | :--- | :--- |
| Habitual residence <br> at the time of marriage |  |  |
| Habitual residence <br> now |  |  |
| Nationality <br> at the time of marriage |  |  |
| Nationality <br> now |  |  |

Date of marriage of shareholder 4: $\square$
(Always fill in all details for both spouses, even if only one spouse is founding the company!)

| Name |  |  |
| :--- | :--- | :--- |
| Habitual residence <br> at the time of marriage |  |  |
| Habitual residence <br> now |  |  |
| Nationality <br> at the time of marriage |  |  |
| Nationality <br> now |  |  |

## III. Management board

| 1. Board member |  |
| :--- | :--- |
| Name: |  |
| First name: | $\square$ |
| Birth name: | $\square$ |
| Date of birth: |  |
| Street/No.: | $\square$ |
| ZIP Code/Place: |  |
|  |  |


| 2. Board member |  |
| :--- | :--- |
| Name: |  |
| First name: | $\square$ |
| Birth name: |  |
| Date of birth: |  |
| Street/No.: | $\square$ |
| ZIP Code/Place: |  |
|  |  |


| Power of representation: | O statutory | O statutory |
| :--- | :--- | :--- |
| O always individually | O always individually |  |
|  | O exempted from the prohibition <br> of multiple representation | O exempted from the prohibition |
|  | of multiple representation |  |

Duration of the appointment in years: $\square$ Duration of the appointment in years: $\square$ (Please indicate any other board members on a separate sheet or by e-mail).

## IV. Supervisory Board



## 3. Member of the supervisory board

| Name: |  |
| :---: | :---: |
| First name: |  |
| Birth name: |  |
| Date of birth: |  |
| Street/No.: |  |
| ZIP Code/Place: |  |
| Profession: |  |

2. Deputy Chairman

|  |  |  |  |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Name: <br> First name: <br> Birth name: |  |  |  |
|  |  |  |  |
| Date of birth: <br> Street/No.: |  |  |  |
| ZIP Code/Place: |  |  |  |
|  |  |  |  |

## 4. Member of the supervisory board

| Name: |  |
| :--- | :--- |
| First name: | $\square$ |
| Birth name: |  |
| Date of birth: | $\square$ |
| Street/No.: | $\square$ |
| ZIP Code/Place: | $\square$ |
| Profession: |  |
|  |  |

Right of secondment for certain shareholders:
O No O Yes, for the following shareholder(s): $\square$
(Please indicate any other supervisory board members on a separate sheet of paper or by e-mail).

## V. Foundation auditor

## 1. Foundation auditor

| Name. |  |
| :---: | :---: |
| First name: |  |
| Street/No.: |  |
| ZIP Code/Place: |  |
| Phone no.: |  |
| E-Mail: |  |

## 2. Foundation auditor


(Please indicate any additional founding auditors on a separate sheet or by e-mail).

## VI. Auditor

## 1. Auditor

Name:
First name:
Street/No.:
ZIP Code/Place
Phone no.:
E-Mail:

|  |
| :--- |
|  |
|  |
|  |
|  |

2. Auditor

Name:
First name:
Street/No.:
ZIP Code/Place:
Phone no.:
E-Mail:

(Please indicate any other auditors on a separate sheet or by e-mail).

Possible special features:

|  |
| :--- |
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|  |
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|  |
|  |

Draft fees confirmed
The preparation of a draft by the notary is of course subject to a fee. If the notarization is not carried out, the notary is legally obliged to charge statutory fees. I am aware of this and hereby confirm it.

