



Republic of the Marshall Islands
Foreign Investment Business License Application For
Decentralized Autonomous Organizations (DAO) LLC

Application Type:

- ☐ New Application
☐ Renewal of Application
☐ Amendment of Application

Date : _____

Submitted by : _____

ADMINISTRATIVE DETAILS

(1) Name of the Proposed DAO LLC:

(2) Address of Principal Office at which the proposed DAO LLC will domicile:

City: State: Phone: E-mail:

(3) Person to be contacted regarding this application *(for statistical purposes only)*:

Citizenship: Address: Phone: E-mail:

(4) Will contact person be available for interview regarding this application? ☐ Yes ☐ No *(If no, the registered agent will be responsible for representing application in interview)*

(5) Name of local agent in RMI:

Address: Phone: E-mail:

BUSINESS SCOPE

(6) The nature of the proposed DAO LLC and the product or service to be provided in sufficient detail to present a clear description of the proposed activity:

TYPE OF BUSINESS

(7) Form of Business: *(Check one only)*

☐ Decentralized Autonomous Organization (DAO LLC)

(8) Nature of Business: *(Check one only)*

☐ Profit ☐ Not-For-Profit



Republic of the Marshall Islands DAO LLC Foreign Investment Business License Application

APPLICANT INFORMATION

(9) Full name:

(10) Date of Birth:

(11) Nationality:

(12) Current Residence Address:

City:

State:

Zip Code:

(13) Residency for the past 5 years:

(14) Do you intend to reside in the RMI for more than 6 months?

- ☐ Yes
☐ No

(15) Marital Status:

(16) Citizenship:

(17) Do you have dual citizenship? ☐ Yes (Please list both below) ☐ No (Please list one below)

Passport 1

Passport 2

Passport #:

Passport #:

Issuing Authority:

Issuing Authority:

Issuing Date:

Issuing Date:

Expiry:

Expiry:

(18) Please attach the DAO LLC Beneficial Owner Information Report (BOIR)

APPLICANT DECLARATION & SIGNATURE

(24) Declaration: *I, hereby declare that I filled, examined and filed this document and that it, including any accompanying schedules and statements, is to the best of my knowledge and belief true, correct, and complete.*

Printed Name:

Signature:

Title:

Date:



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It is a punishable offense if an applicant knowingly makes a false statement or uses or provides forged or misleading documents.



FOR OFFICIAL USE ONLY

SIGNATORIES

Date:	Secretary of Finance	☐ Approved ☐ Denied	FIBL: Issuance Date: Expiration Date:
Date:	Registrar, Office of the Attorney General	☐ Approved ☐ Denied	FIBL: Issuance Date: Expiration Date:

