

APPLICATION FORM BELIZE INTERNATIONAL FOUNDATION

Proposed Name of the Foundation	
Alternative Name of the Foundation (if a	iny)
1. Client of Record (The person, who will be entitled to issue a	all further instructions in respect to this formation.)
FULL NAME	
RESIDENTIAL ADDRESS	
TELEPHONE NO	FAX NO
E-Mail	
DATE OF BIRTH	NATIONALITY
2. The Founder (The Founder may not be a Belize Resident.)
FULL NAME / COMPANY NAME Private individual / Corporate body	
	ED ADDRESS
DATE OF BIRTH / DATE & NUMBER C	OF REGISTRATION
NATIONALITYPrivate individual	

3. Members of the Foundation Council (Executive Body)

(One Council Member must be Belize-resident. We will provide the resident Member of the Council. If you wish to appoint one or more additional Members of the Council, please provide their details here. The Founder of the Foundation may not be a Council Member!)

Additional	Cou	ncil Members:	
		COMPANY NAME	
		ADDRESS / REGISTERED ADDRESS/ Corporate body	
		TH / DATE & NUMBER OF REGISTRATION	
NATIONA Private individ		Y	
(Please cop	oy ar	nd replicate this field if more individuals need to be mentioned)	
(The Endo	owme	Endowment ent is the amount of money, or other assets, that will be contributed to the Foundation. The Foundation without some initial endowment.)Please indicate at least one.	lation can not
	1)	CASH(US\$)	
	2)	PROPERTY(description)
	3)	SECURITIES	description)
	4)	OTHER	(description)
(The	e obje	arpose (operational objects) of the Foundation ects of the Foundation may be charitable or non-charitable. We will draft the precise proposed we lause for your review, based on the information provided here.)	vording of the
	1)	CHARITABLE (please tick one or several):	
		the relief of poverty; the advancement of health, education, art, culture, sports or religion; the protection of the environment, fauna or	
		flora;	
		the advancement of human rights or fundamental freedoms; or	
		any other charitable purpose:	_

2)	NON-CHARITABLE (ple model and aims of the Fou	ease provide a detailed description indation:	on of the desired operational
	(detailed description)		
1. IF NO	N-CHARITABLE, please st	ate the Initial Beneficiaries:	
FULL NAME			
RESIDENTIA	L ADDRESS		
SHARE	(%	%)	
(Please copy a	nd replicate this field if more	e Beneficiaries need to be stated.)	
	u wish to appoint a Protect under of the Foundation may not s	tor to the Fund? (Optional.) serve as the Protector.)	
NO			
YES			
If "YES", plea	se identify the Protector:		
FULL NAME Private individual			
RESIDENTIA Private individual		ED ADDRESS	
	idelity Overseas Ltd (Beliz Foundation pursuant to th	ze) to draft the Foundation Cha ne foregoing instructions:	arter and establish a Belize
SIGNATURE:			
FULL NAME	OF APPLICANT:		DATE: