

APPLICATION FORM
For the Establishment of a Belize Trust

1. What name do you wish for the Trust?

2. Details of Settlor/Grantor

Name: _____ E-mail: _____
Address: _____ Website: _____

Tel: _____ Fax: _____

Occupation: _____ Date of Birth: _____

Nationality: _____ Domicile: _____

3. Please provide information on beneficiaries.

Name: _____

Address: _____

Tel: _____ Fax: _____ E-Mail: _____

Relationship: _____ Percent of shares: _____

(Please use page 3 or additional sheet for other Beneficiaries.)

4. What assets or sum of money will be the initial trust fund? Do you intend to add any assets later? If yes, please specify.

5. Income under the said trust shall be distributed as follows:-

Paid to the beneficiaries as indicated below.

Quarterly Annually Semi-annually Other: _____

6. Upon your death, do you wish the trust to be:-

Continued

Dissolved and the accrued income and capital distributed according to the following instructions. (Attach instructions on separate sheet)

7. Do you wish International Services Ltd. to act as your Trustee?

If no, use page 3.

YES NO

8. International Management Co. Ltd. (as your Resident Agent) will act as Trustee.

9. Would you like us to provide a Protector of the Trust?

If no use page 3.

YES NO

10. Do you wish International Management Inc. to act as successor Protector?

If no use page 3.

YES NO

DATED the _____ day of _____, _____.

Applicant

Check if you require the following Services:

- Do you need a US Dollar Account
 Do you need an International Credit Card
 Do you need a US Security/Stock Account
 Do you need an International Business Company

 Other Requirements

Do you need Mail Forwarding Services

If you wish to provide another person for # 7 – 10, please supply the following:

TRUSTEE

Name: _____ Tel.: _____

Address: _____ Fax: _____

_____ E-mail: _____

Occupation: _____ Nationality: _____

PROTECTOR

Name: _____ Tel.: _____

Address: _____ Fax: _____

_____ E-mail: _____

Occupation: _____ Nationality: _____

SUCCESSOR PROTECTOR

Name: _____ Tel.: _____

Address: _____ Fax: _____

_____ E-mail: _____

Occupation: _____ Nationality: _____

ADDITIONAL BENEFICIARY

Name: _____ Tel.: _____

Address: _____ Fax: _____

_____ E-mail: _____

Occupation: _____ Nationality: _____

DATED the _____ day of _____, _____.

Applicant