APPLICATION FORM - FOUNDATION

| Telephone # | Name of each Founder, Protector, Beneficiary(s) (circle whichseparate form for each person) | | |
|---|--|-----------------------|---------------------------------------|
| Fax # | Permanent Address | | |
| Email address | Occupation | Name of Employer | Nature of employment if Self Employed |
| Nationality | Date of Birth | Place of Birth | |
| Other Jurisdiction Trust (N Required information of each o Founder, Protector and | | | |
| Founder, Protector and 1) Two (2) Pieces of Current va Passport copy should show: | alid passport, National ID C - passport number - picture | ard or Driver's Licen | se (certified or notarized copy) |
| 2) Proof of Address (i.e. Utility | - place of issue Bill, Property Tax Bill) | signature | |
| <u>Foundation</u> Name of Foundation: First cho | ice: | Second cho | oice: |
| Initial Property (please provide | details): | | |
| | | | |

3) Personal Statement of Affairs for Founders, Protectors and Beneficiaries

PLEASE EXPRESS IN US DOLLARS or EUROS

| ASSETS | INCOME AND EXPENSES | | |
|------------------------------|----------------------------|--|--|
| | | | |
| Cash in Bank | Investment Income | | |
| Investments | Interest | | |
| Equities - private companies | Dividends & Fees | | |
| Equities - public companies | Income | | |
| Real Estate | Self-Employed | | |
| Other (please list below): | Employment Salary | | |
| | Other (please list below): | | |
| | | | |
| Total Assets | <u>Total Income</u> | | |
| LIABILITIES | | | |
| | Annual Expenses | | |
| Mortgages | Income Tax | | |
| Long Term Loans | Auto Expenses | | |
| Short Term Loans | Credit Cards Payments | | |
| Other (please list below): | Other (please list below): | | |
| | | | |
| Total Liabilitian | Total Expanses | | |
| Total Liabilities | Total Expenses | | |
| NET WORTH | NET CASH FLOW | | |
| (Assets - Liabilities) | (Income - Expenses) | | |

Please be prepared to verify values presented above if requested by Wilfred Services Ltd.

Signature

Date

Print Name

I/ We affirm that any changes in the status of the Foundation will be notified to Wilfred Services Ltd.

I/ We affirm that the Foundation will not be used for any illegal acts and that Wilfred Services Ltd will be indemnified if this is breached.

I/ We authorize verification of all information on this form:

Signature (all applicants must sign)