

APPLICATION FORM FOR AN INTERNATIONAL TRUST

Telephone #

Name of each Settlor, Protector, Beneficiary(s)
(circle which--separate 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

___ SVG or Belize Trust setup fee US\$850.00 ; Annual fees US\$500.00 (due December 31st of each year)

___ Other Jurisdiction Trust (Name: _____)

Required information of each of the following:

- **Settlor, Protector and Beneficiaries of a Trust**

1) Two (2) Pieces of Current valid passport, National ID Card or Driver's License (certified or notarized copy)

Passport copy should show:

- passport number date of issue
- picture expiration date
- place of issue signature

2) Proof of Address (i.e. Utility Bill, Property Tax Bill)

Trust

Name of Trust: First choice: _____ Second choice: _____

Initial Property (please provide details):

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

PLEASE EXPRESS IN US DOLLARS or EUROS

| <u>ASSETS</u> | | <u>INCOME AND EXPENSES</u> | |
|------------------------------|--|-----------------------------------|--|
| 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 | | Total Income | |
| | | | |
| <u>LIABILITIES</u> | | <u>Annual Expenses</u> | |
| Mortgages | | Income Tax | |
| Long Term Loans | | Auto Expenses | |
| Short Term Loans | | Credit Cards Payments | |
| Other (please list below): | | Other (please list below): | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 Trust will be notified to Wilfred Services Ltd.

I/ We affirm that the Trust 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)