



FOUNDATION APPLICATION FORM

1. Foundation Name

Please take note that the words "Foundation", "Found.", "Fdn." must be part of the Foundation name requested.

Please indicate below the foundation name requested plus two alternative choices in order of preference.

- i. _____
- ii. _____
- iii. _____

2. Purposes of Foundation:

A general explanation will suffice.

- _____
- _____
- _____

3. Foundation Charter

(a) Standard provisions:

- The Standard Foundation Charter is popularly used and suitable for most types of business activities. Yes ___ No ___

(b) Non-standard provisions:

- Please provide details of your specific requirements or indicate if you will be providing your own Foundation Charter. Yes ___ No ___

4. Duration of Foundation

- The standard provisions permit the Foundation to be established for an indefinite period. Yes ___ No ___
- If NO, please specify any period for the Foundation _____

5. Initial Endowment:

- _____
- _____
- _____
- _____

6. **Founder(s):** Please use additional sheets if necessary.

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

7. **Beneficiaries:** Please use additional sheets if necessary.

Name: _____ Benefit ____ (%)

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____ Benefit ____ (%)

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____ Benefit ____ (%)

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____ Benefit ____ (%)

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

8. Members of Foundation Council:

At least one member of the foundation council shall at all times be a resident of Belize or a registered agent.

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

9. Protector:

Name: _____

Birth Date: _____ Nationality/ Passport No: _____

Birth Date: _____ Occupation: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

10. Contact person:

Name: _____

Email: _____ Tel: _____ Fax: _____

Address: _____

By FOUNDER(S)

SIGNATURE _____

Name: _____

Date: _____

SIGNATURE _____

Name: _____

Date: _____