

NEVIS FOUNDATION ORDER FORM

The following information is required to incorporate a foundation in Nevis. Supervisory Board Members, Management Board Members and Secretary information is filed with the Registrar of Foundations.

1. Foundation Name

Please supply a choice of three names in order of preference. Foundation names must include ending such as FOUNDATION or FDN.

If you have already reserved a name with us, please indicate it here and tick this box.

2. The purpose the Foundation, accounting Address, form of the Foundation:

Please explain the principal purpose or object of the foundation:

Geographical Area of Operation:

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Is the Foundation: Ordinary Foundation Trust Foundation Partnership Foundation
Company Foundation (tick accordingly)

Is the Foundation: Irrevocable or Revocable (tick accordingly)

IF IT IS REVOCABLE, what are the circumstances, and who holds the power of revocation:

Administrative Office Address:

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Location of accounting records:

The Accounting Records will be maintained at the Foundation's Administrative Office

Please indicate where the Accounting records are to be kept:

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AAA GLOBAL INCORPORATION AND TRUST INC.

- A Hamilton Reserve Bank Affiliate -

Hamilton Reserve Bank Plaza, Building #1, Suite 102, PO Box 590, Nevis, Saint Kitts and Nevis

Telephone: +1 (869) 469-5500 | www.trustaaa.com

WORLDWIDE INCORPORATION AND TRUST SERVICES SINCE 1994

3. Initial subscription value and Source of Wealth

Please indicate all sources of wealth of the Beneficial Owner(s) and explain what source or activity the funds or capital to be contributed has been acquired from.

Amount of initial subscription value (contribution):

4. Members of the Management Board

Please tick here if you would like agent to provide nominee service.

Otherwise please enter details of members here **if different from Beneficial Owner(s)**.

Member 1

Name:

Member 2

Name:

NOTE: *Members can be a natural or corporate person. Min one member required.
All Members must provide completed KYC form along with requested due diligence documents.*

6. Members of the Supervisory Board (optional)

Please tick here if you would like agent to provide nominee service.

Otherwise please enter details of members here:

Name:

NOTE: *Members can be a natural or corporate person. The member must provide completed KYC form along with requested due diligence documents.*

7. Secretary

Please tick here if you would like agent to provide Secretary service.

Otherwise please enter details of the Secretary here:

Name:

Address:

NOTE: *Secretary can be a natural or corporate person. The Secretary must provide completed KYC form along with requested due diligence documents. A sole member of the management board cannot also be the secretary.*

8. By-laws

Our standard by-laws are available on request. Our standard bylaws do not require filing with the Registrar. Please note amended bylaws should be duly Notarised and Apostilled in duplicate originals and should be sent to us for filing. If you would like to amend by-laws please attach details and tick here.

9. Contributions

Please enter details of contributors here:

Contributor 1

Name:

Amount contributed:

Contributor 2

Name:

Amount contributed:

NOTE: *Contributor can be a natural person or corporate person. All Contributors must provide completed KYC form along with requested due diligence documents.*

10. Beneficial Owner(s)

Name:

Percentage of ownership:

Name:

Percentage of ownership:

All Beneficial Owners must provide completed KYC form along with requested due diligence documents.

11. NTL Professional Client Contact Details

This is the person who is legally responsible for contracting our services to form the proposed new foundation. We will communicate using the contact information below for all matters relating to the new company, including billing of annual renewal fees. Please be sure to let us know of any changes to this information in the future.

Name:

Company/Firm (if applicable):

Address:

Contact Phone Number:

E-mail:

12. Delivery (if differs)

Name:

Company/Firm (if applicable):

Address (including Postal Code):

Contact Phone Number:

13. Terms and Conditions/ Declaration

I/we, the person giving these instructions and identified at part 11 of this form, hereby declare and certify that all the information given herein, including in documents attached to or enclosed with this form, is true, complete and correct. In consideration of agent agreeing to provide its incorporation services I/we (both in my capacity as an individual and on behalf of the entity I am representing, if applicable) do hereby indemnify agent, its subsidiaries, associated companies, directors, officers, trustees, employees and agents against any and all liability that may arise to them as a result of the information provided herein being false, misleading, incomplete or substantially untrue.

We further agree that this contract shall be interpreted exclusively according to the laws of Nevis and we submit to the exclusive jurisdiction of the courts of Nevis in this regard.

Signed _____ Date _____

Name: _____