

APPLICATION FORM
For the Establishment of a Belize Trust

Personal Details of Settlor

NAME _____

ADDRESS _____

TELEPHONE NO. (Home) _____ (Office) _____

FAX NO. _____

DATE OF BIRTH _____

OCCUPATION _____

NATIONALITY _____ DOMICILE _____

RESIDENCE _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you wish to be named as a beneficiary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you wish to be irrevocably excluded as a beneficiary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Do you wish your spouse (if any) to be named beneficiary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

IF "YES", please provide the following information concerning your spouse:

NAME _____

ADDRESS _____

TELEPHONE NO.(Home). _____ (Office) _____

FAX NO. _____

4. Do you wish any other person to be named a beneficiary? YES NO

If so, please provide the following information regarding the additional beneficiaries?

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

(Please use additional sheet if needed)

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

- A. Paid to the beneficiaries
- Quarterly _____
- semi-annually _____
- annually _____

or B. Accumulated and added to capital until notice by Settlor

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

- A. continued
- B. dissolved and the accrued income and capital distributed to the following persons:

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

.....

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

.....

NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

RELATIONSHIP (IF ANY) _____ % SHARE _____

(Please use additional sheet if needed)

7. Please provide the following information regarding your Trustee

NAME OF INDIVIDUAL OR COMPANY _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____

8. Do you wish INTERNATIONAL CORPORATE SERVICES LTD
to provide a Protector of the Trust?

YES

NO

IF "NO", please provide the following information regarding your Protector

NAME _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____

9. What assets or sum of money will be the initial trust fund?

10. What (if any) additional assets do you intend to add to the trust fund?

11. Do you wish INTERNATIONAL CORPORATE SERVICES LTD to retain accountants for your trust?

YES
NO

IF "NO", please provide us with the following information regarding the prospective accountants of the trust

NAME _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____

12. Do you wish INTERNATIONAL CORPORATE SERVICES LTD to retain an investment adviser for your trust?

YES
NO

IF "NO", please provide us with the following information regarding the prospective investment advisers of the trust

NAME _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____

13. Do you wish INTERNATIONAL CORPORATE SERVICES LTD. to retain an attorney-at-law for your trust?

YES
NO

IF "NO", please provide us with the following information regarding the prospective attorney-at-law of the trust

NAME _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____

14. What name do you wish for the trust?

15. Special administrative instruction (if any):

I authorize INTERNATIONAL CORPORATE SERVICES LTD to establish a trust in accordance with the foregoing instructions and have made the following arrangements for payment *(Please refer to rate schedule at end)*

Attached, please find my bank draft/money order in the sum of \$ _____ made out to INTERNATIONAL CORPORATE SERVICES LTD.

or I have wired the sum of \$ _____ in favor INTERNATIONAL CORPORATE SERVICES LTD in accordance with the attached instructions

It is agreed that if I request additional work from INTERNATIONAL CORPORATE SERVICES LTD, its nominees, associates, or subsidiaries, I will be billed at the hourly rate of \$100.00 U.S. or such other rate as may be mutually agreed between INTERNATIONAL CORPORATE SERVICES LTD and myself.

DATED the _____ day of _____ 200_____

APPLICANT _____