



## DECLARATION FORM FOR BENEFICIAL OWNER

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Passport or National ID# \_\_\_\_\_

**Current Residence Address:** Date Since \_\_\_\_\_  
Street: \_\_\_\_\_ Apt/ House No. \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Communication Numbers:**  
Residence Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_

My business occupation for the past three (3) years has been: **(Give details: Company, Nature of Business, Position held, Period, etc.).** \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

None of my or the company's assets, net worth, income or activities relate in any manner to illegal armaments, money laundering, illegal drugs or other illegal controlled substance, or any activity that I know to be illegal in my country of citizenship, residence or domicile, and/or in the place of incorporation.

I do not intend to hinder, delay or defraud any creditors, or engage in any illegal conduct in relation to creditors and do not intend to engage the services of International Corporate Services Ltd., in order to facilitate or otherwise engage in such activity.

I hereby expressly, specifically and unqualifiedly agree to wholly hold harmless and indemnify International Corporate Services Ltd., its shareholders, officers, directors, employees, agents and nominee shareholders and (or) nominee directors provided by International Corporate Services Ltd. or its affiliates or agents if any, from any liabilities of any kind or character arising out of any lawful actions taken by them in reliance upon any fact of statement contained in this declaration which may hereafter prove to be untrue or materially inaccurate.

Declaring: \_\_\_\_\_ / \_\_\_\_ /20\_\_  
(Print Name) (Signature)

Witness: \_\_\_\_\_ / \_\_\_\_ /20\_\_  
(Print Name) (Signature)

**NB:**

- \*Please use a separate sheet if space is not sufficient
- \*All the fields of present form must be filled in.
- \*Each BENEFICIAL OWNER must complete one.
- \*Each BENEFICIAL OWNER must supply us with the following:
  - Certified Passport
  - Utility Bill
  - Reference