

DECLARATION FORM FOR PROTECTOR

| First Name: | |
|---|---|
| Last Name: | |
| Date of Rirth | Place of Rirth |
| Date of Birth:Country of Citizenship: | Place of Birth: Passport or National ID# |
| country of citizenship. | 1 assport of Patronal 1511 |
| 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 | · |
| armaments, money laundering, illegal dr know to be illegal in my country of citizer I do not intend to hinder, delay or defra | net worth, income or activities relate in any manner to illegal ugs or other illegal controlled substance, or any activity that I iship, residence or domicile, and/or in the place of registration. |
| or otherwise engage in such activity. | services of International Trust Services Ltd., in order to facilitate |
| International Trust Services Ltd., its shareholders and (or) nominee directors agents if any, from any liabilities of any k | inqualifiedly agree to wholly hold harmless and indemnify areholders, officers, directors, employees, agents and nominee provided by International Trust Services Ltd. or its affiliates or ind or character arising out of any lawful actions taken by them in ned in this declaration which may hereafter prove to be untrue or |
| Declaring:(Print Name) | |
| Witness | / /20 |
| Witness: (Print Name) | (Signature)//20 |
| (1 mit ivanic) | (Signature) |

*Please use a separate sheet if space is not sufficient
* Note: All the fields of present form must be filled in.

*Each PROTECTOR must complete one.