

## **DECLARATION FORM FOR FOUNDER**

First Name:	
Last Name:	
Date of Birth:	Place of Rirth:
Country of Citizenship:	Place of Birth:  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	
None of my or the foundation's assets,	net worth, income or activities relate in any manner to illegal
	rugs or other illegal controlled substance, or any activity that I aship, residence or domicile, and/or in the place of registration.
	ud any creditors, or engage in any illegal conduct in relation to 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 ined in this declaration which may hereafter prove to be untrue or
Declaring:	//20
(Print Name)	(Signature)
XXV.	
Witness: (Print Name)	
(Print Name)	(Signature)

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

\*Each FOUNDER must complete one.