

TRUST APPLICATION FORM

Please accept this form as the necessary authority to establish an Exempt Trust in Belize in accordance with the information given below and for which Belize Offshore Services Limited will act as Trustee:

Type of Trust: Short-Form: or Full-Discretionary: (Check one box only)
Declaration: or Settlement: (Check one box only)
Irrevocable: or Revocable: (Check one box only)
Non-Charitable: or Charitable: (Check one box only)
Asset Protection: or Purpose: (Check one box only)

If Purpose Trust, please specify purpose:

Name of Trust: _____

Name and Address of Settlor:

Name and Address of Protector:

Name and Address of Beneficiary:

Name of Delegated Manager/Custodian (if any):

Description of Assets to be settled to the Trust:

Trust Fees:

Trust Deed/Acceptance:

Settlor:

Trustee:

POA / Authorised Agent:

Manager/Custodian

Courier:

TOTAL FEES DUE: US\$

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Applicant:

Name:

Address:

Tel:

Fax:

Date:

Signature:

For BOSL Use Only:

Trust No:

Code:

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