



Application Form for Incorporation of an International Foundation

1.	Proposed name of Foundation: _____		
	(a Foundation name must end with the word "Foundation" or "Found." or "Fdn." as abbreviation thereof) or its equivalent in any language)		
	Please give two (2) alternative names in order of priority: _____ (for use in the event that the primary name is unavailable)		
	(i)	_____	
	(ii)	_____	
	<u>Prohibited Names:</u>		
	Pursuant to the International Foundations Act, no foundation shall be formed under a name that:		
	(a)	contains the words "Building Society", "Chartered", "Cooperative", "Imperial", "Municipal", "Royal", or a word conveying a similar meaning, or any other word that, in the opinion of the Registrar, suggests or is calculated to suggest: (i) the patronage of Her Majesty or that of a member of the Royal Family; or (ii) a connection with the Government of Belize or a department, agency, authority or branch thereof, any political party or any university or professional except with the approval of the Registrar in writing;	
	(b)	is indecent, offensive or, in the opinion of the Registrar, objectionable;	
	(c)	contains the words "Assurance", "Bank", "Insurance" or "Trust", or any of their derivatives or cognate expressions, unless it is licensed under an enactment authorising it to carry on such business or activities;	
	(d)	is the same as or similar to the name of any other legal entity registered under the laws of Belize or reserved under this or any other Act, unless such other legal entity consents in writing to the use of that name;	
	(e)	is prohibited by regulations made under this Act or by any other law in force in Belize.	
2.	Purpose(s) of the Foundation:		
	(a)	Standard Purposes: These purposes are drafted in general terms and are capable of wide application. (please tick appropriate box. Proceed to question 3 if the answer is yes)	Yes <input type="checkbox"/>
			No <input type="checkbox"/>
	(b)	Special Purposes: If non-standard purposes are desired, please provide the relevant details of your specific requirements on separate sheet(s) of paper.	
	(c)	If the Foundation will be engaged in internet activity, please insert relevant/intended website/URL address: (if the Foundation will have more than 1 website/URL address, please insert additional information on separate sheet(s) of paper)	
3.	Foundation Council Members:		
	The minimum number of Foundation Council Members shall be 1		
	At least 1 Member of the Foundation Council must be a Belize Resident		
	(a)	We do not provide Belize Resident Foundation Council Member (Please tick appropriate box. Proceed to question 3(b) if the answer is No)	Yes <input type="checkbox"/>
			No <input type="checkbox"/>

	<p>*Only Natural persons may be selected as Resident Members. *At least 1 Member of the Foundation Council must be a Belize Resident *We recommend not less than 4 Foundation Council Members</p>				
(b)	<p>(If questions 3(a) do not apply) Please provide us the names, nationalities, addresses and identification of the proposed Foundation Council Members (Please tick appropriate boxes)</p>				
	Name	Address	Identification If Natural Person - provide notarised copies of Passports If Corporate Entity - provide notarised copies of Constitutional Documents		
(1)	President:		Natural Person <input type="checkbox"/>	Corporate Entity <input type="checkbox"/>	
(2)	Treasurer:		Natural Person <input type="checkbox"/>	Corporate Entity <input type="checkbox"/>	
(3)	Secretary:		Natural Person <input type="checkbox"/>	Corporate Entity <input type="checkbox"/>	
(c)	Do you wish the Foundation to have a common seal		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Signatory Powers to bind Foundation Council Members: (please tick appropriate boxes)				
	President	<input type="checkbox"/> Solely	<input type="checkbox"/> Jointly with:		
	Treasurer	<input type="checkbox"/> Solely	<input type="checkbox"/> Jointly with:		
	Secretary	<input type="checkbox"/> Solely	<input type="checkbox"/> Jointly with:		
	Other instructions	<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, please provide details on separate sheet of paper).		
5.	Foundation Capital:				
	Unless instructed to the contrary, the Foundation will be established with an initial minimum capital of US\$10,000.00. Do you require these standard provisions? (Please tick appropriate box) If the answer is No, please provide details on separate sheet of paper.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Protector:				
(a)	Required? (Please tick appropriate box)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Natural Person (please tick appropriate box. Proceed to question 6(c) if the answer is No)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name				
	Address (Include Tel/Fax/E-mail)				
	Identification (provide notarised copy of Passport)				
(c)	(If questions 6 (b) do not apply)			Yes	No

	Corporate Entity (please tick appropriate box)			<input type="checkbox"/>	<input type="checkbox"/>
	Name				
	Address				
	Identification (provide notarised copy of Constitutional Document)				
	Contact Person (provide notarised copy of Passport and include Name/Tel/Fax/E-mail)				
	(d)	Successor Protector required? (Please tick appropriate box. Proceed to question 7 if the answer is No)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, upon death, refusal, or inability of the Foundation Protector to act, the Successor Protector shall be as follows:				
	Name				
	Address (Include Tel/Fax/E-mail)				
7.	Powers of Protector (if any): If the answer is Yes, please provide details on separate sheet of paper.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Power of Attorney (if any):				
	(a)	Required? (Please tick appropriate box. Proceed to question 9 if the answer is No)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(b)	Name			
		Address (Include Tel/Fax/E-mail)			
		Identification (provide notarised copy of Passport)			
9.	Details of Founder				
	(d)	Name			
	(e)	Identification (Provide notarised copy)			
	(f)	Address			
	(g)	Telephone	Work :	Home :	
	(h)	Fax			
	(i)	E-mail			
	(j)	Birth Date			
	(k)	Occupation			
	(l)	Nationality			
	(m)	Residence			

	(n)	Do you wish to be named as a beneficiary? (please tick appropriate box)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If the answer is yes, please insert % share of benefit in the Foundation:		Share (in percentage)		%	
	(o)	Do you wish to be irrevocably excluded as a beneficiary? (Please tick appropriate box)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(p)	Do you wish your spouse (if any) to be named a beneficiary? (Please tick appropriate box) Proceed to question 10 if the answer is Yes. Proceed to question 11 if the answer is No.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Details of Founder's Spouse							
	(a)	Name					
	(b)	Identification (Provide notarised copy)					
	(c)	Address					
	(d)	Telephone	Work:		Home	:	
	(e)	Fax					
	(f)	E-mail					
	(g)	Birth Date					
	(h)	Occupation					
	(i)	Nationality					
	(j)	Residence					
	(k)	Share (in percentage)		%			
11. Details of Beneficiaries							
Please provide the following information on each Beneficiary of the Foundation, if identifiable, as necessary on separate sheets of paper							
	(a)	Name					
	(b)	Identification (Provide notarised copy)					
	(c)	Address					
	(d)	Telephone	Work:		Home	:	
	(e)	Fax					
	(f)	E-mail					
	(g)	Birth Date					
	(h)	Occupation					
	(i)	Nationality					
	(j)	Residence					
	(k)	Relationship (if any)					
	(l)	Share (in percentage)		%			
12. Details of Class of Beneficiaries or Purpose (Charitable or Non-Charitable), etc.							
If the Foundation will have no specific Beneficiaries, please provide details on separate sheets of paper.							

13.	Income under the Foundation shall be distributed as follows				
	(i)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Other
	(ii)	<input type="checkbox"/> Accumulated and added to capital until a particular event or events			
	(iii)	<input type="checkbox"/> Another way			
	(Please tick appropriate box)				
	For any of the above options, please also provide further details on separate sheets of paper.				
14.	Upon your death do you wish the Foundation to be:				
	(i)	<input type="checkbox"/> Continued			
	(ii)	<input type="checkbox"/> Continued if the surviving beneficiaries so desire			
	(iii)	<input type="checkbox"/> Dissolved and the accrued income and capital distributed to the following persons:			
	Please provide the following information on each Beneficiary of the Foundation, if identifiable, as necessary on separate sheets of paper				
	(a)	Name			
	(b)	Identification (provide notarised copy)			
	(c)	Telephone	Work:	Home	:
	(d)	Fax			
	(e)	E-mail			
	(f)	Occupation			
	(g)	Nationality			
	(h)	Residence			
	(i)	Relationship (if any)			
	(j)	Share (in percentage)		%	
	(Please tick appropriate box)				
	For any of the above options, please also provide further details on separate sheets of paper if necessary.				
15.	Special Instructions regarding Foundation Establishment:				
	(e)	Legalisation (please tick appropriate box)			
	(i)	Notarization			<input type="checkbox"/>
	(ii)	Notarization and Apostille			<input type="checkbox"/>
	(iii)	Legalisation by Embassy/Consular Office (please provide details)			<input type="checkbox"/>
	(iv)	Any other? (Please provide details)			<input type="checkbox"/>
	(f)	Indicate which of the following documents you require to be legalised (please tick appropriate box)			
	(i)	Foundation Charter			<input type="checkbox"/>
	(ii)	Foundation Bylaws			<input type="checkbox"/>
	(iii)	Any other? (Please provide details)			<input type="checkbox"/>
16.	Accounting Records:				
	The Foundation is required to maintain accounting records for a minimum of five (5) years. Indicate the name and address of the place where the accounting records will be kept, whether within or outside of Belize. In the event of a change, you are required to notify us within 14 days of such change, in default your company may be struck from the register.				
	(i)	Name:			
	(ii)	Address:			
17.	Communication Details:				
	(Should this information change at any time, please ensure that it is communicated to us)				
	(a)	Details of Primary Contact Person (who do you want us to contact regarding the affairs of the Foundation and payment of fees, annual or otherwise?)			
	(iii)	Name:			
	(iv)	Address:			

	(v)	Any other? (Please provide details)	
	(b)	Barrow & Williams LLP is requested to communicate using the following methods (please tick appropriate box and provide details)	
	(i)	Mail:	<input type="checkbox"/>
	(ii)	Telephone:	<input type="checkbox"/>
	(iii)	Fax:	<input type="checkbox"/>
	(iv)	Email:	<input type="checkbox"/>

DUE DILIGENCE REQUIREMENTS

Provide a copy of EACH director, shareholder, beneficial owner, member, manager, settlor, trustee, protector, founder and all persons requesting the registration of the Foundation:

- I. Notarized copy Passport with picture and signature data pages
- II. In the alternative a notarized copy of any government/official issued form of identification with picture and signature
- III. In the alternative if a Company will hold any of the above positions, then copy of the Corporate documents, a Certificate of Good Standing and Certificate of Incumbency detailing the directors/officers and shareholders/members of the Company
- IV. Recent Utility bill within 3 months
- V. Two Character references from an attorney or accountant or business associate which you have done business with for more than 2 years
- VI. Bank reference- only if requesting a bank account

* I/We declare and confirm the above information is true and correct and that the company will not be used for money laundering, terrorist activities, or any other illegal activity or in a manner likely to damage the good name of Barrow & Williams LLP or the jurisdiction of incorporation. I/We acknowledge the requirements of your AML/CFT Compliance Policy and agree to comply therewith. I/We will take independent legal advice before proceeding and I am/We are aware, and intend, to honour my/our legal responsibilities in my/our jurisdiction.

I/We confirm and agree that should any changes occur in the information contained herein I/We will inform Barrow & Williams LLP.

Signature of Beneficial Founder: _____

Dated this _____ day of _____ 20_____.