

## Foundation Instructions

1. Country of Incorporation \_\_\_\_\_

2. Please give three (3) names in order of priority:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. Describe the nature to be undertaken by the foundation (please be specific, you may use any language)

\_\_\_\_\_  
\_\_\_\_\_

4. Name and address of council (normally OMACO provide nominee council so please tick this box)

If not, please provide us the names, nationalities, addresses and required position of the candidates:

Name	Nationality	Address	Position

5. Our standard authorized patrimony is: US\$10,000.00

Name of Beneficiaries	Address

6. Details of Contact Person (who do you want OMACO to contact regarding the affairs of the foundation?)

Name \_\_\_\_\_  
Address \_\_\_\_\_

OMACO is requested to communicate  
using the following methods:

\_\_\_\_\_

Mail \_\_\_\_\_

\_\_\_\_\_

Telephone + \_\_\_\_\_

\_\_\_\_\_

Fax + \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

(please tick appropriate box/boxes)

\_\_\_\_\_ Post Code \_\_\_\_\_

7. Mail forwarding instructions (If you wish OMACO to provide mail forwarding services please tick this box)

If you would like us to forward mail, telephone messages and faxes to the contact person in section 6 please tick this box.

If not, where would you like mail, telephone messages and faxes be sent?

Family Name (Mr/ Mrs/ Ms) \_\_\_\_\_  
 First Name(s) \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Special instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Type of power(s) of attorney (if needed):  Special  General  
 In the name of the following persons:

Family Name (Mr/ Mrs/ Ms) \_\_\_\_\_  
 First Name(s) \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Family Name (Mr/ Mrs/ Ms) \_\_\_\_\_  
 First Name(s) \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

For a special power of attorney, these are the instructions:

9. Special instructions regarding incorporation documents:

Notarization \_\_\_\_\_  
 Notarization and legalization by the consulate of \_\_\_\_\_  
 Apostille \_\_\_\_\_

10. Information required for individual clients:

Name of Beneficial Owner(s)	Passport Number	Nationality

11. Information required for Institutional clients:

Name of Company	Officer in Charge

12. My email address is: \_\_\_\_\_

13. Method of Initial Payment (please note that foundation price must be paid prior to delivery of a foundation)

Please tick desired method:

A bank wire transfer

14. Terms and Conditions / Declaration

I/We, the person(s) whose name(s) and address (es) appear below, (referred to from now on in the singular) as beneficial owner(s) hereby declare and by my signature below confirm:

- (i) that all the information I have provided in this form is true and correct;
- (ii) that I received legal advice from lawyers located at the place of operation of this foundation, or in the case of institutional clients, that a recommendation to obtain legal advice was suggested by OMACO to the client;
- (iii) that the Foundation will not be used for money laundering, terrorist activities, receiving the proceeds of drug trafficking, trading in arms, munitions or other weapons, soliciting funds from the general public, offering investment advice to the general public, the management of investments other than the property of the Company, the operation and administration of collective investment schemes, trading with countries subject to any embargo

authorized by the Security Council of the United Nations, or for any other purpose which is illegal under the law of the place of incorporation or management;

(iv) that I have neither been offered nor have received tax advice from OMACO;

(v) that I will at all times irrevocably and unconditionally hold harmless and indemnify OMACO and any parent, subsidiary or affiliate thereof and their directors, officers and employees against all proceedings, suits, damages, fines, expenses, penalties and liabilities arising or brought against any of them by reason of any breach of the above declarations or the provision of the foundation and/or the Services to me or my use thereof;

(vi) I include a copy of my passport legalized by a Notary

Name & Signature \_\_\_\_\_  
Name & Signature \_\_\_\_\_  
Name & Signature \_\_\_\_\_  
Name & Signature \_\_\_\_\_  
Date \_\_\_\_\_

Witnessed by \_\_\_\_\_  
Signature \_\_\_\_\_  
Witness address \_\_\_\_\_  
Date \_\_\_\_\_

15. If you wish OMACO to provide Nominee Directors, we need one (1) banking reference letter and one (1) personal reference letter about you as the Client / Beneficial Owner in order to process the registration.

16. This Application Form, a copy of your passport authenticated by a Notary Public and the Letters of Reference (if you require nominee directors) must be copied by a "Scanner" in your computer and then you may send them to us.