

# INFORMATION REQUIRED FOR THE INCORPORATION OF A PRIVATE INTEREST

The undersigned –Applicant(s) instruct **WORCO** to implement and operate a foundation on behalf of:

# APPLICANT (S)

| Name(s) Applicant                                       |                    |  |  |
|---|--------------------|--|--|
| 1.  |                    |  |  |
| 2.  |                    |  |  |
|   |                    |  |  |
| Permanent Address                                       |                    |  |  |
|   |                    |  |  |
|   |                    |  |  |
| E-mail (principal)                                      | E-mail (Secondary) |  |  |
|   |                    |  |  |
|   |                    |  |  |
| Citizenship   | Passport Number    |  |  |
| 1.  | 1.                 |  |  |
| 2.  | 2.                 |  |  |
|   |                    |  |  |
| Work phone #  | Fax #              |  |  |
| ( )   | ( )                |  |  |
|   |                    |  |  |
| Home phone #  | Cellular phone #   |  |  |
| ( )   | ( )                |  |  |
|   |                    |  |  |
| Address for courier and mailing if different from above |                    |  |  |
|   |                    |  |  |

Please include a copy of one form of identification that includes the signature of the applicant(s) named above. Proposed name for the Foundation (we recommend 3

| choices in or (May be in any language and must include the v | der<br>word "Fo |            | of<br>thin the name) | preference)            |
|--|-----------------|------------|----------------------|------------------------|
| NAMES OF T   | HE FOL          | JNDATION   |                      |                        |
| 1.   |                 |            |                      |                        |
| 2.   3.  |                 |            |                      |                        |
| 3.   |                 |            |                      |                        |
| BENE   | FICIAF          | RIFS       |                      |                        |
| Please specify your intended distribution of ass             |                 |            | beneficiary is li    | sted.                  |
| 1. Name of Beneficiary of the Founda                         |                 |            |                      | Portion of             |
|  |                 |            |                      | Benefits               |
|  |                 |            |                      | %                      |
| Beneficiary's Address  |                 |            |                      |                        |
|  |                 |            |                      |                        |
| E-mail   | Ph              | none and f | ax #                 |                        |
|  | (               | )          | / (                  | )                      |
|  | ·               |            |                      |                        |
| 2. Additional Beneficiary                                    |                 |            |                      | Portion of<br>Benefits |
|  |                 |            |                      | %                      |
| Beneficiary's Address  |                 |            |                      |                        |
|  |                 |            |                      |                        |
| E-mail   | Pho             | one and fa | x #                  |                        |
|  | (               | )          | / (                  | )                      |
|  |                 |            |                      |                        |
| 3. Additional Beneficiary                                    |                 |            |                      | Portion of<br>Benefits |
|  |                 |            |                      | %                      |
| Beneficiary's Address  |                 |            |                      |                        |
|  |                 |            |                      |                        |
| E-mail   | Pho             | one and fa | x #                  |                        |
|  | (               | )          | / (                  | )                      |

If there are more Beneficiaries, please use the "Special Instructions" box below, providing same information as above.

### **PROTECTOR**

| Name of the Protector           | Passport        |  |  |
|---------------------------------|-----------------|--|--|
|                                 |                 |  |  |
| Address                         | Phone and fax # |  |  |
|                                 | ( ) /( )        |  |  |
|                                 |                 |  |  |
| Name of the Alternate Protector | Passport        |  |  |
|                                 |                 |  |  |
| Address                         | Phone and fax # |  |  |
|                                 | ( ) /( )        |  |  |

## SPECIAL INSTRUCTIONS

| Special Instructions |  |  |
|----------------------|--|--|
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |

### Disclaimer and Certification

WORCO & ASOCIADOS will only do business with bona fide clients of good reputation.

WORCO & ASOCIADOS undertakes to prevent the use of its operations for criminal purposes and to cooperate with worldwide efforts to fight the use of the financial system for money or capital laundry.

In order to accomplish this, we need to exercise due diligence. We need this form to be completed, signed and sent to our offices with a copy of your passport and your driver's license.

Equally important is to know our client. To meet this purpose our Law Firm utilizes the most stringent criteria in qualifying the information on the submitted form, in order to attract only legitimate business pursuant to internationally recognized standards. This allows us to guarantee that our operations are not conducted with individuals or institutions whose identities cannot be confirmed or whose activities are incompatible with those of WORCO & ASOCIADOS.

I do hereby certify that all my statements and information provided on this form are true, real an exact, and that I have not deliberately omitted any of the requested data. I recognize that any information supplied on this form that is false, inappropriate or inexact, constitutes fraud and/or perjury. I take full responsibility for the veracity of the statements made on this form, furthermore, I will hold harmless WORCO & ASOCIADOS, their agents and representatives from any consequences resulting either from any false or misleading information contained in this form, or from any abuse or misuse of the services that I hereby request, on the basis of information provided in this form.

Nothing discussed or written by WORCO & ASOCIADOS is meant to be construed as tax advice. WORCO & ASOCIADOS and its employees are NOT tax specialists. WORCO & ASOCIADOS only proffers tax advice to clients or futures clients within Panamanian jurisdiction. Please consult with a tax specialist for tax related scenarios in your tax jurisdiction.

Any facilitation of entity setup shall NOT be used for <u>illegal tax evasion</u> or falls under the definition of illegal aggressive tax avoidance. Unless otherwise stated, the "principal purpose" of transactions is never "tax avoidance or evasion".

In other words, for any given transaction(s) any resulting tax avoidance does not exceed any other purpose. Other purposes include, but are not limited to:

- Legal Asset Protection,
- · Proper Estate Planning,
- Properly obtaining credit,
- More efficiently operating your legitimate business affairs,
- · Ease of bookkeeping, to more properly reflect accurate results of operations,
- Legal & Proper Retirement Planning,
- · Legal Health Care Planning,
- · Legally providing benefits to employees,
- Legally paying one's full fair share of taxes as required by law.
- Properly establishing banking and other financial accounts,
- Education to more efficiently, legally and properly operate your business affairs financial affairs or other affairs.

WORCO & ASOCIADOS is a Panamanian Law Firm established accordingly to the Attorney Practice Act (Law N. ° 9 of 1984 of the Republic of Panama), and in virtue of its Incorporation Documents is only entitled to provide legal advice. Therefore, the services rendered by WORCO & ASOCIADOS are only to be considered at all moment as legal counseling. If you require financial advice, please consult with your Financial Advisor in your domicile.

| Signature |  |  |
|-----------|--|--|