

Foundation Questionnaire

PRINT, COMPLETE IN BLOCK CAPITALS AND RETURN BY FACSIMILE OR EMAIL	
To: Avia and Slogold Group S.A. Apartado 0823-04294 Panama City Republic of Panama Tel.: +507-236-6702 Fax: +507-236-9248	From:

Jurisdiction:	Entity Type
	Foundation
Proposed Company Name:	
First choice	
Alternative one	
Alternative two	
Have you selected this company name from our Shelf List?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proposed Foundation Activities:	
Why do you want to establish this foundation? State the Foundation Objectives: (e.g. Asset Holding, Inheritance Planning)	
Please explain the source of the Foundation's Assets: (Please provide a detailed explanation) We need detailed information about what the Foundation will be used for.	
In which countries will the foundation operate? Provide detailed information about where the Foundation will be used. Please list both regions and countries.	
Initial Assets of Foundation	
Special Instructions	

BENEFICIAL OWNERS, FOUNDERS, PROTECTORS AND COUNCIL MEMBERS					
Would you like us to provide nominee founder?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many founders will company have? (If we do no provide founders)					
Founders' details (If we do no provide founders)					
Name	Nationality & passport #	Date of birth	Address	Email & Phone	
Would you like us to provide nominee council member?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many council members will company have? (If we do no provide council members)					
Council members' details (If we do no provide council members)					
Name	Nationality & passport #	Date of birth	Address	Email & Phone	
How many people or companies will own the foundation? (Number of beneficiaries)					
Beneficiaries' details					
Name	Nationality & passport #	Date of birth	Address		
Would you like us to provide nominee protector?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Protectors' details (If we do no provide protectors)					
Name	Nationality & passport #	Date of birth	Address	Email & Phone	
POWER OF ATTORNEY. How many? (Only if we provide nominee directors) (More then 1 might result higher costs)					
DETAILS OF ATTORNEY (S) IN FACT:					
Name	Nationality & passport #	Date of birth	Address		

OTHER SERVICES		
Do you require courier delivery? (UPS, FEDEX, DHL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require apostille or certified copy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> • What documents do you need apostilled? 		
<ul style="list-style-type: none"> • Country 		
Do you require Certificate of Good Standing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require Certificate of Incumbency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the foundation require a virtual office services? (If yes, please tell us where)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a dedicated telephone or facsimile answering service required? (If yes, where)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the foundation require a bank account? (If yes, where and what kind)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the foundation require a brokerage account? (If yes, where)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How would you like to pay initial fees?		
Please give us email and fax where to send invoice for annual fees		

ABOUT YOU – MANDATORY	
Will you be a beneficiary of the proposed foundation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be a protector of the proposed foundation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be a council member of the proposed foundation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be a founder of the proposed foundation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your name?	
Permanent Address	Delivery address
Email	
Mobile telephone	
Telephone	
Facsimile	
Nationality	
Occupation	
Passport No. & place of issue	
Marital status	
Date of birth	
Place of birth	
Do you own any business? If yes, please provide details. (Name, address, incorporation date, registration number, place of incorporation)	
What is the source of funds?	
Have you at any time been convicted of any offence?	
In carrying out your duties will you be acting on the instructions of any other person or persons?	
Please provide contacts of bank providing reference letter	
Please provide contacts of professional providing reference letter	

ABOUT OTHER OWNER(S) OR FOUNDER(S) OR COUNCIL MEMBER(S) OR PROTECTOR(S)– OPTIONAL (You must fill this for all the owners, directors and secretaries.)		
Will you be a beneficiary of the proposed foundation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you be a protector of the proposed foundation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you be a council member of the proposed foundation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you be a founder of the proposed foundation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is your name?		
Permanent Address		
Email		
Mobile telephone		
Telephone		
Facsimile		
Nationality		
Occupation		
Passport No. & place of issue		
Marital status		
Date of birth		
Place of birth		
Do you own any business? If yes, please provide details. (Name, address, incorporation date, registration number, place of incorporation)		
What is the source of funds?		
Have you at any time been convicted of any offence?		
In carrying out your duties will you be acting on the instructions of any other person or persons?		
Please provide contacts of bank providing reference letter		
Please provide contacts of professional providing reference letter		

CLIENT IDENTIFICATION AND DUE DILIGENCE GUIDANCE NOTES

Please use the following checklist to verify that you have included all required documents in your Due Diligence Documentation

<input type="checkbox"/> YES <input type="checkbox"/> NO	Original application form properly filled out and with same signature(s) as in the personal documents.
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<input type="checkbox"/> YES <input type="checkbox"/> NO	Proof of identity
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To establish the identity and signature of all parties mentioned in your application clients must provide a copy of document which must bear a photograph, a signature and the number. List of acceptable documents:

- Current Valid Full Passport
- Current Valid National ID Card
- Current Valid Driver's License

The copy must be certified by a notary public. The documents sent to us must bear the original signature of the person certifying the identity document; it must not be a copy.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Original bank reference letter
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Please send us an original bank reference letter (no older than 3 months in English or with an English translation if in another language) of all parties mentioned — It must have a phone number, fax number, or e-mail address so that we can verify the reference. You must be client of the bank for at least 1 year. If you are unable to supply this you should contact us.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Original professional reference letter
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Please send us an original professional reference letter (no older than 3 months in English or with an English translation if in another language) of all parties mentioned — It must have a phone number, fax number, or e-mail address so that we can verify the reference. Letter should be from your lawyer or accountant. If you are unable to supply this you should contact us.

<input type="checkbox"/> YES <input type="checkbox"/> NO	2 proofs of residential address
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To validate the home address of all parties mentioned, please provide 2 of the following, for each party:

- Original recent utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
- Original and recent bank or mortgage statement from a recognised bank.
- Original and recent credit card statement.

If you are unable to supply any of these documents you should contact us.

I/We understand that Avia and Slogold Group of Companies will not proceed with incorporation until they receive payment of all the fees and also the original due diligence documents must be sent to us by courier or mail and regrestfully we cannot ship you the company documents until the originals have been received.

I/we understand that I/we may have an obligation to report our interest in the company in personal tax returns and that income of the company may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect.

I/we understand) that I/we have received legal and tax advice from my/our independent advisors with regard to my/our intended use of the Entity and that in requesting the provision of the Entity and the Services I am not relying on any legal or tax advice from Avia and Slogold Group of Companies and I confirm that such advice has neither been offered nor received from Avia and Slogold Group of Companies.

I/we state, under penalty of perjury, that the company will not be used for any activity which is an offence or predicate offence of money laundering (which term shall be given the widest meaning attributed to it under the law and by international convention), including but not limited to receiving, investing, converting or distributing the proceeds from drug trafficking, terrorist activities; extortion; or criminal activities generally, or trading with such countries as might from time to time be subject to any embargo imposed by the Security Council of the United Nations, the United States or the European Union, or child pornography, prostitution, terrorist activities, receiving proceeds of drug trafficking, trading in arms, munitions or other weapons or for any purpose which is illegal under the law of the place of incorporation or management.

PLACE AND TODAY'S DATE

Terms and Conditions / Declaration

I/we swear and attest, under penalty of perjury, that I/we have completed this form, and that the information contained herein is true, accurate and complete, to the best of my/our knowledge. I understand that **Avia and Slogold Group of Companies** and its affiliated companies, directors, agents, servants and/or employees are relying upon the accuracy of the information contained in this application. I further understand that **Avia and Slogold Group of Companies** may terminate its relationship with me if it is determined any time that any of the information contained herein is false and that it was provided with the knowledge that it was false.

I understand that if it is determined that any of the information I provide to **Avia and Slogold Group of Companies**, and its affiliated companies, directors, agents, servants and/or employees was provided with the knowledge that it was false, I may be subject to criminal prosecution.

I/we, the person (s) whose names is/are the one that appears on the bottom, by means of this document I/we declare and with my own signature confirm:

- I/we include bank reference letters;
- I/we include two original utility bills or credit card statements not older than 3 months;
- I/we include professional reference letters;
- I/we include a notarised copies of my/our passports;
- I/We include copy of all company documents in case that company is shareholder or director.
- That the company will not be used for money laundering, child pornography, prostitution, terrorist activities, receiving proceeds of drug trafficking, trading in arms, munitions or other weapons or for any purpose which is illegal under the law of the place of incorporation or management;
- I/we will at all times irrevocably and unconditionally hold harmless and indemnify **Avia and Slogold Group of Companies** and any parent, subsidiary or affiliate thereof and their directors, partners, 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 Company and/or the Services to me or my use thereof;

Name and Signatures of all the persons named in this questionnaire
