**APPLICATION FORM**

**PANAMA FOUNDATION**

**1.0 – NAME OF THE PANAMANIAN FOUNDATION**

Please provide the name of the Foundation (please provide three alternatives in order of preference).

|  |  |
| --- | --- |
| First Choice: |  |
| Second Choice: |  |
| Third Choice: |  |

**1.1– PURPOSE OF THE FOUNDATION**

Please provide the purpose and the reasons for which the Foundation is to be established**.**

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**1.2– FOUNDATION PERIOD**

Please specify the period for which the foundation is to be established. If not stated it will be considered to be indefinite.

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**1.3–FOUNDATION ASSETS**

Please identify the value of the initial assets that will be transferred to the Foundation (Please note that the minimum amount is $10,000).

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**1.4 – ORIGIN OF ASSETS**

Please provide details of the origin and source of the assets to be held by the Foundation. (We may request further information).

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| Are any of the assets shares in a Company?  | [ ]  Yes | [ ]  No |

If yes, please provide full details of the holding and nature of the business together with the name and address of each Company.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name**: |  | Country of Incorporation: |  |
| Contact Person: |  | Incorporation No: |  |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Nature of Business: |  |
| Holding: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | Country of Incorporation: |  |
| Contact Person: |  | Incorporation No: |  |
| Address: |  |
|  |
| City: |  | State/ Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Nature of Business: |  |
| Holding: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | Country of Incorporation: |  |
| Contact Person: |  | Incorporation No: |  |
| Address: |  |
|  |
| City: |  | State/ Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Nature of Business: |  |
| Holding: |  |

**2.0 – FOUNDER, BENEFICIARIES, PROTECTOR, COUNCIL MEMBERS AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES**

Please provide details of who will be the beneficiaries, council members and protector(s) of the Foundation. If Offshore Company Corp is not providing council members and protector we will require detailed information about the proposed council members/protector after stating the connected persons and/or legal entities below. Please complete a page in Section 3 for the founder and a page in Section 4 for each person who is to be connected to the Foundation.

[ ]  Tick here if Offshore Company Corp is to provide the Council Members

|  |  |
| --- | --- |
|  | **Please tick the appropriate boxes** |
| **Names of Individuals or Legal Entities** | **Founder**  | **Council Member** | **Protector** |  **Beneficiary** |
| Example: Mr. XYZ | [x]  | [ ]  | [ ]  | [ ]  |
| (1) | [ ]  | [ ]  | [ ]  | [ ]  |
| (2) | [ ]  | [ ]  | [ ]  | [ ]  |
| (3) | [ ]  | [ ]  | [ ]  | [ ]  |
| (4) | [ ]  | [ ]  | [ ]  | [ ]  |
| (5) | [ ]  | [ ]  | [ ]  | [ ]  |
| (6) | [ ]  | [ ]  | [ ]  | [ ]  |

Any other pertinent information:

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**3.0 – PERSONAL INFORMATION ABOUT THE PERSON WISHING TO ESTABLISH THE FOUNDATION**

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| --- | --- | --- | --- |
| Title (e.g. Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  | Former Names: |  |
| Occupation: |  | Languages: |  |
| Passport Number: |  | Date of Birth: |  |
| Nationality: |  | Place of Birth: |  |

Please attach information and documentation as detailed in Appendix A

**3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Personal Mobile: |  |
| Home Fax: |  | Home Email: |  |

**3.2 – OFFICE ADDRESS AND CONTACT DETALS - FOR PERSONS AND LEGAL ENTITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Country of Incorporation: |  |
| Contact Person: |  | Position Held: |  |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Office Telephone: |  | Office Mobile: |  |
| Office Fax: |  | Office Email: |  |

**3.3 – PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: [ ]  | Home Mobile: [ ]  | Home Fax: [ ]  |  Home Email: [ ]  | Home Mail: [ ]  | Home Courier: [ ]  |
| Office Telephone: [ ]  | Office Mobile: [ ]  | Office Fax: [ ]   | Office Email: [ ]  | Office Mail: [ ]   | Office Courier: [ ]  |
| SPECIAL INSTRUCTIONS: |
|  |

**3.4 – RELATIONSHIP**

Please provide information about this person to include the relationship with Founder and information about distributions and special instructions:

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**3.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

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Please complete this page for each beneficiary. If a legal entity is connected to the Foundation please fill in sections 4.2, 4.3 and 4.4 only. Please copy if necessary.

**4.0 – PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (e.g. Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  | Former Names: |  |
| Occupation: |  | Language: |  |
| Passport Number: |  | Date of Birth: |  |
| Nationality: |  | Place of Birth: |  |

Please attach information and documentation as detailed in Appendix A

**4.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Telephone: |  | Mobile: |  |
| Fax:  |  | Email: |  |

**4.2 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: [ ]  | Home Mobile: [ ]  | Home Fax: [ ]  |  Home Email: [ ]  | Home Mail: [ ]  | Home Courier: [ ]  |
| Office Telephone: [ ]  | Office Mobile: [ ]  | Office Fax: [ ]   | Office Email: [ ]  | Office Mail: [ ]   | Office Courier: [ ]  |
| SPECIAL INSTRUCTIONS: |
|  |

**4.4 – BENEFICIAL INTEREST AND/OR RELATIONSHIP TO FOUNDER**

Please provide a brief description about the persons interest in the Foundation.

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**5.0 – FOUNDATION COUNCIL**

I would like Offshore Company Corp to appoint a foundation council and appoint officers to the foundation: [ ]  Yes [ ]  No

I would like to appoint a foundation council and/or officers made up of the individuals listed below: [ ]  Yes [ ]  No

***Please note that a minimum of Three Council Members are required (copy this page)***

**5.1 – COUNCIL MEMBER - (PLEASE COMPLETE A NEW PAGE FOR EACH COUNCIL MEMBER)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (e.g. Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  | Former Names: |  |
| Occupation: |  | Language: |  |
| Passport Number: |  | Date of Birth: |  |
| Nationality: |  | Place of Birth: |  |

Please attach information and documentation as detailed in Appendix A

**5.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Personal Mobile: |  |
| Home Fax:  |  | Home Email: |  |

**5.3 – OFFICE ADDRESS AND CONTACT DETALS - FOR PERSONS AND LEGAL ENTITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Country of Incorporation: |  |
| Contact Person: |  | Position Held: |  |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Office Telephone: |  | Office Fax: |  |
| Office Mobile: |  | Office Email: |  |

**5.4 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: [ ]  | Home Mobile: [ ]  | Home Fax: [ ]  |  Home Email: [ ]  | Home Mail: [ ]  | Home Courier: [ ]  |
| Office Telephone: [ ]  | Office Mobile: [ ]  | Office Fax: [ ]   | Office Email: [ ]  | Office Mail: [ ]   | Office Courier: [ ]  |
| SPECIAL INSTRUCTIONS: |
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**5.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

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**6.0 – PROTECTOR**

I would like to appoint a protector to oversee the affairs of the foundation council of officers: [ ]  Yes [ ]  No

**6.1 PROTECTOR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (e.g. Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  | Former Names: |  |
| Occupation: |  | Language: |  |
| Passport Number: |  | Date of Birth: |  |
| Nationality: |  | Place of Birth: |  |

Please attach information and documentation as detailed in Appendix A

**6.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Personal Mobile: |  |
| Home Fax:  |  | Home Email: |  |

**6.3 – OFFICE ADDRESS AND CONTACT DETALS - FOR PERSONS AND LEGAL ENTITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Country of Incorporation: |  |
| Contact Person: |  | Position Held: |  |
| Address: |  |
|  |
| City: |  | State/Region: |  |
| Post Code/Zip Code: |  | Country: |  |
| Office Telephone: |  | Office Fax: |  |
| Office Mobile: |  | Office Email: |  |

**6.4 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: [ ]  | Home Mobile: [ ]  | Home Fax: [ ]  |  Home Email: [ ]  | Home Mail: [ ]  | Home Courier: [ ]  |
| Office Telephone: [ ]  | Office Mobile: [ ]  | Office Fax: [ ]   | Office Email: [ ]  | Office Mail: [ ]   | Office Courier: [ ]  |
| SPECIAL INSTRUCTIONS: |
|  |

**6.5 – SOURCE OF WEALTH**

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

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**7.0 - OTHER INFORMATION**

Please provide below any other pertinent additional information or special instructions you consider to be appropriate for either the establishment or for the ongoing management of the foundation:

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**7.17 DECLARATION OF THE FOUNDER**

The following declaration needs to be made by the Founder:

1. I the undersigned being the Founder of the proposed Foundation confirm that I understand and acknowledge that Offshore Company Corp/One IBC Limited may be requested to disclose my identity and provide information and release documentation relating to the verification of my identity, address(es) and good standing and those contained within the document to the Banker, Stockbroker, Discretionary Investment Portfolio Manger (as the case may be and in order to satisfy their own “Know your Client” requirements of the Foundation and I hereby confirm that I consent to the disclosure of such information in respect of myself and my minor children for the purposes of opening such bank. Stock broking or investment account (as the case may be) provided that is in the pursuance of business or operational activities of the foundation.
2. I understand that separate authority may be required from third parties for the release of their own personal information and that such cases will be dealt with on an individual basis.
3. I confirm that I have neither been offered nor have received legal or tax advice from Offshore Company Corp/One IBC Limited.
4. I confirm that I have taken appropriate tax and legal advice with regard to the establishment of the Foundation.
5. I hereby confirm that I have not, and none of the named beneficiaries nor any Trust holding, a beneficial interest has, in any part of the world been declared bankrupt or has a director or otherwise concerned in the management of any company or trust which has been subject to insolvent liquidation or been the subject of judicial enquiry or has been disqualified from acting as a director in any jurisdiction.
6. I, as Founder, declare that I am solvent and do no intend to defeat foreseeable creditors.
7. I the undersigned being the Founder of the proposed Foundation declare that the particulars and information provided in this form are accurate and complete to the best of my knowledge and belief.

Completed by the Founder:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Capacity: |  | Date: |  |
| Signature: |  |  |  |
| **Witnessed by:** |  | Title: |  |
| Name: |  | Date: |  |
| Address: |  |  |  |
| Signature: |  |  |  |

**APPENDIX A**

CLIENT ENGAGEMENT PROCEDURE AND GUIDANCE NOTES

Our overriding statutory duty regarding the prevention of terrorism, drug trafficking and money laundering means that we are committed to undertaking a full and thorough due diligence of both our clients' identities and the nature of their businesses.

We are obliged by law to obtain the following information relating to all beneficial owners, directors, shareholders, bank account signatories, grantees of powers of attorney and all parties connected in any way to any company or trust we may form or administer:

* Proof of Identity
* Proof of Residential Address
* Source of Wealth
* Curriculum Vitae

PROOF OF IDENTITY

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of ONE of the following:
* Current Valid Full Passport
* Current Valid National ID Card
1. Such copy must bear a photograph, a signature and the number.
2. The copy must be certified by a manager of an Offshore Company Corp office or any of the following:
* A notary public
* A lawyer
* A banker
* Another professional person.
1. The person undertaking the certification should be a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature and the certfication must be in English or a translation from an independent accredited translator must be attached.
2. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
3. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

I certify this is a true copy of the original document.

Name Signature

Company Capacity

Phone Email Address

Date Membership No (if applicable)

PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and regulatory requirement

To validate the home address of all parties mentioned in your application, please provide ONE of the following, for each party which must be less than three months old:

* **Original** less than three months old utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
* **Original** and less than three months old bank or mortgage statement from a recognised bank.
* **Original** and less than three months old credit card statement.
* **Original** bank reference, confirming the home address, from a recognised bank, addressed to Offshore Company Corp.

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

SOURCE OF WEALTH

A statement is required from the principal(s) providing a brief description as to the origins of his/her wealth and the period over which the wealth was generated.

CURRICULUM VITAE

In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and qualifications. Additionally, regulations in certain jurisdictions oblige Offshore Company Corp to hold C.V.’s on each of its clients.

DELIVERY OF ORIGINAL DOCUMENTATION

These may be faxed to us for review but the originals must be sent to us by courier or mail and regretfully we cannot undertake work until the originals have been received. All documents must be in English or if not then a translation from an independent and accredited translator should be attached.