International Foundations

BELIZE:

IN THE MATTER OF THE INTERNATIONAL FOUNDATIONS ACT, (No. 2 of 2010)

AND

IN THE MATTER OF REGISTRATION OF AN INTERNATIONAL FOUNDATION

AND						
	IN THE MATTER OF	(Name of the I	Foundation)			
REGISTERED AGENT'S CERTIFICATE						
I	of	(Address)	HEREBY CERTIFY			
as follows:						
1. I am the Secretary (or Director) of, (Name of the Registered Agent, if a company),						
	and am duly authorised to issue this Certificate on its behalf.					
2.	2010) and the International Foundations Regulations (S.I. 96 of 2010).					
3.	3. The Name of the Foundation herein is and it falls within the definition of an 'International Foundation' as given in section 2 of the said Act.					

5.	The Registered Agent is wi
	offices located at
6.	The name and address of each non-resident member of the Foundation Council is
7.	Name and address of each Protector (if appointed)
8.	The purpose of the Foundation is
	(Please specify the purpose)
9.	(Please specify the purpose) The date of submission of the Certificate of Belize Member to the Registrar is
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10	The date of submission of the Certificate of Belize Member to the Registrar is D. If a re-domiciled foreign foundation (if applicable): (i) the law under which the foundation was created we (ii) the original date of registration of the foundation in its original jurisdiction (or original date of execution if original date registration is not available), was (iii) the date of amendment to provide for the law of Belize to be
10	The date of submission of the Certificate of Belize Member to the Registrar is

I acknowledge that if the information given above is found to be				
false or incorrect in a material particular, it would constitute				
professional misconduct for the purpose of Regulation 33 of the				
IFS Practitioners (Code of Conduct) Regulation (S.I. 94 of 2001)				
and we will be liable to the penalties prescribed in the said				
Regulations.				

13. I undertake to inform the information supplied	ne Registrar without delay of any labove.	changes to
Authorised Signature	Date	
for and on behalf of		
Name of the Registered Ager	 nt	

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