



APPLICATION FORM
Belize International Trust

Name of the Trust

PERSONAL DETAILS OF SETTLOR /ORDERING CLIENT

Full Name

Residential address

Phone Nr. (Home) (Office)

Fax Nr. E-mail

Date of birth

Nationality/Passport Nr.

Occupation

What assets or amount of money will constitute the initial Trust Fund?

Will that be the only asset, or do You expect to add to the Trust Fund in future?	Yes	No
Do you wish to be named as the Settlor?	Yes	No
Do you wish to be named as a beneficiary?	Yes	No
Do you wish to be irrevocably excluded as a beneficiary?	Yes	No
Do you wish your spouse (if any) to be named as beneficiary?	Yes	No

IF "YES", please provide the following information for your spouse:

Full Name Share (%)

Residential address

Phone Nr. (Home) (Office)

Fax Nr. E-mail

Do you wish any other person to be named a beneficiary?

Yes No

IF "YES", please provide the following information for the additional beneficiaries:

Beneficiary 1

Full Name
Share (%)
Relationship (if any)
Residential address

Beneficiary 2

Full Name
Share (%)
Relationship (if any)
Residential address

Phone Nr
Fax Nr.
E-mail

Phone Nr.
Fax Nr.
E-mail

Beneficiary 3

Full Name
Share (%)
Relationship (if any)
Residential address

Beneficiary 4

Full Name
Share (%)
Relationship (if any)
Residential address

Phone Nr.
Fax Nr.
E-mail

Phone Nr.
Fax Nr.
E-mail

If there are more than four beneficiaries, please provide full information for each individual.

DISTRIBUTION OF INCOME/ASSETS

Income under the Trust shall be distributed as follows:

Paid to the beneficiaries quarterly semi-annually annually, OR
Accumulated and added to capital.

Upon your death, do you wish the Trust to be:

continued, OR
continued if the surviving beneficiaries so desire, OR
dissolved and the accrued income and capital distributed to the following persons:

Full Name	Full Name
Share (%)	Share (%)
Relationship (if any)	Relationship (if any)
Residential address	Residential address

Phone Nr	Phone Nr.
Fax Nr.	Fax Nr.
E-mail	E-mail

If there are more than two persons, please provide full information for each individual.

TRUSTEE

Do you wish "Fidelity Overseas Ltd." to act as your Trustee Yes No

If "NO", please provide the following information regarding your Trustee:

Full Name	
Residential address	
Phone Nr. (Home)	(Office)
Fax Nr.	E-mail

PROTECTOR

Do You wish to appoint Protector to the Trust? Yes No

If "YES", do You wish "Fidelity Overseas Ltd." to provide a Protector of the Trust? Yes No

IF "NO", please provide the following information regarding the desired Protector:

Full Name

Residential address

Phone Nr. (Home) (Office)

Fax Nr. E-mail

ACCOUNTANT

Do You wish to appoint Accountant to the Trust? Yes No

If "YES", please provide the following information of the accountant:

Full Name

Residential address

Phone Nr. (Home) (Office)

Fax Nr. E-mail

INVESTMENT ADVISOR

Do You wish to appoint Investment Advisor to the Trust? Yes No

If "YES", please provide the following information of the Investment advisor:

Full Name

Residential address

Phone Nr. (Home) (Office)

Fax Nr. E-mail

LEGAL ADVISOR

Do You wish to appoint Legal Advisor to the Trust?

Yes No

If "YES", please provide the following information of the Legal advisor:

Full Name

Residential address

Phone Nr. (Home)

(Office)

Fax Nr.

E-mail

SPECIAL INSTRUCTIONS

Special instructions to be included in the Trust Deed:

I authorize "Fidelity Overseas Ltd." to establish a Trust in accordance with the foregoing instructions:

Signature: _____

Full name of applicant:

Date: