DECLARATION FORM FOR DIRECTOR, SHAREHOLDER OR BENEFICIAL OWNER

Date of Birth:	Place of Birth:
Country of Citizenship:	Passport or National ID#:
Current Residential Address:	How many years:
Street:	_ Apt/ House No
City:	State/Province:
Country:	Zip/Postal Code:
Contact Details:	Home Telephone:
Cell Phone:	Business Telephone:
Email:	_ Fax No:
Occupation:	
(Please provide name of Company, Nature of Business,	Position, etc.)
illicit activity that I know to be illegal in my country of place of incorporation. I do not intend to hinder, delay or defraud any credite creditors and do not intend to engage the services of Boor otherwise engage in any such activity. I hereby expressly agree to wholly hold harmless and shareholders, officers, directors, employees, agents or nominee director(s) provided by Belize Offshore Service liabilities of any kind or character arising out of any law of statement contained in this declaration which in inaccurate.	ors, or engage in any illegal conduct in relation to elize Offshore Services Limited in order to facilitate d indemnify Belize Offshore Services Limited, its designees and any nominee shareholder(s) and/or es Limited or its affilates or agents, if any, from any ful actions taken by them in reliance upon any fact
Signed by: (Print Name) Acting as: Director / Shareholder / Beneficial Owner	(Signature) (delete as appropriate)