APPLICATION FORM - FOUNDATION

Telephone #		Name of each Founder, Protector, Beneficiary(s) (circle whichseparate form for each person)	
Fax #	Permanent Address		
Email address	Occupation	Name of Employer	Nature of employment if Self Employed
	 Date of Birth	Place of Birth	
Other Jurisdiction Tru	•)	e December 31 st of each year)
	, National ID Card or Driver's L show: - passport number - picture - place of issue	icense (certified copy))
Foundation Name of Foundation: First choice: Initial Property:		Second choice:	
I/ We affirm that the Found if this is breached.	ges in the status of the Founda dation will not be used for any n of all information on this forn	illegal acts and that W	o Wilfred Services Ltd. Vilfred Services Ltd will be indemnified
Signature (all applicants i	must sian)		

Mail or Fax Application to: Wilfred Services Ltd.

P.O. Box 1510

Suite 100, Beachmont Business Centre, Beachmont

Kingstown,

Saint Vincent and the Grenadines

Tel: (784) 456-2970

Fax: (877) 471-8132 / +44-808-171-1136 Email: wilfredservices@gmail.com

www.wilfredinternationalservices.com

PAYMENT INSTRUCTIONS

Payment may be made by:

- Bank wire
- Cashier's check
- International Money Order
- Western Union or Money Gram

1. Bank Wire Instructions:

USD - United States Dollars

Bank Coordinates: Wachovia Bank N.A.

New York, N.Y.

USA

Swift Code: PNBPUS3NNYC ABA No: 026 005 092

For Credit to: FirstCaribbean International Bank

Halifax Street Branch

P.O. Box 604, Halifax Street

Kingstown St. Vincent

Tel: 784-456-1706 Fax: 784-457-2985

Swift Code: FCIBVCVC Account No: 2000192005487

For further credit to: Wilfred Services Limited

Account No: 106822837

CAD - Canadian Dollars

Bank Coordinates: CIBC

Toronto, Ontario

CANADA

Swift Code: CIBCCATT

For Credit to: FirstCaribbean International Bank

Halifax Street Branch P.O. Box 604, Halifax Street

Kingstown

St. Vincent

Tel: 784-456-1706 Fax: 784-457-2985

Swift Code: FCIBVCVC Account No: 1892916

For further credit to: Wilfred Services Limited

Account No: 106822837

GBP - Pounds Sterling

For Credit to: FirstCaribbean International Bank

Halifax Street Branch P.O. Box 604, Halifax Street

Kingstown St. Vincent

Tel: 784-456-1706 Fax: 784-457-2985

Swift Code: FCIBVCVC

For further credit to: Wilfred Services Limited

Account No: 106822837

EUR - Euros

For Credit to: FirstCaribbean International Bank

Halifax Street Branch P.O. Box 604, Halifax Street

Kingstown St. Vincent

Tel: 784-456-1706 Fax: 784-457-2985

Swift Code: FCIBVCVC Account No: 488-5917041-75

For further credit to: Wilfred Services Limited

Account No: 106822837

(Remember that intermediary banks deduct their fees. Kindly prepay the intermediary fees so that the net is not less than our fee)

2. Cashier's Check

Make your cashier's check payable to Wilfred Services Limited

- Check must be in US dollars
- No personal checks accepted

Send cashier's check by courier to:

Wilfred Services Ltd.

P.O. Box 1510

Suite 100, Beachmont Business Centre, Beachmont

Kingstown,

Saint Vincent and the Grenadines

Please advise by email when you have sent your courier package, the name of the courier company, the date sent and the airway bill / tracking number. We will email confirmation when we receive it. Our email address is: wilfredservices@gmail.com

3. International Money Order

Only International Money Orders. Domestic Money Orders are not accepted.

Send by courier to:

Wilfred Services Ltd.
P.O. Box 1510
Suite 100, Beachmont Business Centre, Beachmont Kingstown,
Saint Vincent and the Grenadines

Please advise by email when you have sent your courier package, the name of the courier company, the date sent and the airway bill / tracking number. We will email confirmation when we receive it. Our email address is: wilfredservices@qmail.com

4. Western Union or Money Gram

For payment by Western Union or Money Gram you will need the following information:

Name: Merma DeFreitas

Kingstown

St. Vincent & the Grenadines Telephone: 784 456 2970

After sending your transfer, please email this information to us at: wilfredservices@gmail.com

Date Sent:
Amount Sent:
Name of Sender:
Sending Location:
Money Transfer Control Number:

Password (if any)

Please note that we must receive your email with this information before we request confirmation from our local Western Union or Money Gram office.