

Foundation Application Form

Section A – Foundation Information

All sections to be completed in full.

1 Proposed Name of the Foundation

Please give three alternatives and explain the significance, if any, of the proposed names. The name should end with the word 'Foundation'.

2 Proposed Jurisdiction

3 Foundation Charter

 Standard Irrevocable
 Standard Revocable
 Special

If special charter please specify special clauses required

4 Foundation Regulations

 Standard Irrevocable
 Standard Revocable
 Special

If special regulations please specify special articles required

5 Initial Endowment

 Standard (\$10,000)
 Special

If Special please specify amount in \$US for the initial assets

6 Letter of Wishes

7 Proposed Activities

Is the Foundation to be formed for a specific purpose?
Note: if the Foundation is to have a purpose object, this must be described in the Charter.

8 Source of Funds

9 Rationale for Services

Explain in detail the rationale behind the establishment of the Foundation and the role which Minerva will be required to undertake. Copies of any professional advice in relation to the establishment of the structure should be provided.

10 Financial Information

Expected Annual Turnover
(In USD)

Expected Asset Value
(In USD)

Expected Transactional Activity
(In USD)

11 Founder

Please give details of the name of the Founder.
All Founders are required to complete a Personal Information Form.

Is the Founder to benefit from the Foundation?

Yes

No

12 Beneficiaries

List the names of identified beneficiaries and any other classes of beneficiaries.

All beneficiaries are required to complete a Personal Information Form and be subject to Minerva's identification verification procedures before they can benefit from the Foundation.

13 Protector

Please provide the full name of the protector.
The protector is required to complete a Personal Information Form

14 Excluded Persons

15 Supervisory Entities

List the name(s) of any supervisory entities with their title/powers
Individuals appointed acting as a supervisory entity are required to complete a Personal Information Form

16 Primary Contact Details

Please confirm to which address all day-to-day correspondence and fee invoices should be sent.

Name	<input type="text"/>		
Address	<input type="text"/>		
Fax	<input type="text"/>		
Email	<input type="text"/>		
Preferred method of contact	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Restrictions (if any)	<input type="text"/>		

Section B – Service and Accounting Requirements

1 Please indicate services to be provided

Notes:

(i) It is the standard practice of Minerva to provide a corporate member of the council for all jurisdictions where this is allowed. If individual council members are preferred, this will be subject to the payment of additional responsibility fees. If external council members are to be appointed, each external council member will be required to complete a Personal Information Form in full before the appointment can be processed.

(ii) The address of Minerva will usually be the Foundation administrative office address and will be used for all correspondence.

(iii) It is the standard practice of Minerva to prepare an annual set of financial statements sufficient to discharge the Council's responsibilities

<input type="checkbox"/>	Establishment of Foundation
<input type="checkbox"/>	Provision of Foundation Council (see note)
<input type="checkbox"/>	Provision of Administrative Office
<input type="checkbox"/>	Opening and Maintenance of Bank Accounts
<input type="checkbox"/>	Maintenance of all Statutory Records
<input type="checkbox"/>	Maintenance of Books and Accounting Records
<input type="checkbox"/>	Preparation of Annual Financial Statements (see note iii)
<input type="checkbox"/>	Other (Please specify)
<input type="text"/>	

2 Accounting Year End and Currency

If no specific year end is chosen, Minerva will decide on the year end to be used.

Year End	<input type="text"/>
Currency	<input type="text"/>

3 Are accounts to be audited?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If YES, please specify the name & address of the proposed auditors.

4 Proposed Accountants

Minerva will prepare accounts unless otherwise stated.

Unknown at this stage OR

Details provided

5 Proposed Legal Advisers

Unknown at this stage OR

Details provided

6 Proposed Tax Advisers

Unknown at this stage OR

Details provided

7 Proposed Bankers

Unknown at this stage OR

Details provided

8 Proposed Investment Advisers

Unknown at this stage OR

Details provided

9 Other Advisers

Unknown at this stage OR

Details provided

Section C – Declaration and Sign-off by Founder(s)

I/We hereby confirm that:

- The above particulars are true and correct to the best of my/our knowledge, information and belief.
- I/We have read and understood the Minerva Terms of Business and agree to be bound by them.
- I/We hereby undertake to notify you promptly of any changes to the information provided in this form.

Name	Signature	Date

Notes

- A Personal Information Form must be completed in full for each Founder, protector and any beneficiaries whom it is intended to benefit accompanied by the appropriate due diligence documentation.
- Minerva will be unable to make distribution to any beneficiaries who have not provided this form and been subject to Minerva's identification verification procedures.
- If the Founder or beneficiary is a corporate body, a Corporate Information Form will be required for that corporate body. Personal Information Forms will also be required on the directors and beneficial owners of that corporate body. Further information is available on request.

Once completed, please return this form to:

Minerva Middle East DMCC
Office 2102, Saba Tower 1, Jumeirah Lakes Towers
PO Box 24075, Dubai, United Arab Emirates