

DUE DILIGENCE AUTHORIZATION FORM

Name: _____

Home Address: _____

Office Address: _____

Telephone Numbers Home: _____ Work: _____

Fax: _____ Cell: _____

Email Address: _____

Nationality: _____

Passport Number: _____

Identification Numbers: _____

(e.g. Social Security,
Tax Identification,
Driver's License)

I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Trust Company Limited and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing and/or maintaining of a professional relationship with the undersigned.

Signature: _____

Witness: _____

N.B.: Each ultimate settlor of the intended trust must complete and sign a separate Due Diligence Authorization Form.