



**NEVIS ISLAND ADMINISTRATION
REGISTRAR OF FOUNDATIONS**

**CONTINUATION SHEET TO
CONSENT SCHEDULE**

To the Registrar of Foundations

CONSENT SCHEDULE (CONTINUATION SHEET NO.)

(For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

**Persons to be members of the
management board**

Forename(s) +

Surname(s)

Address +

City/Town Post/Zip Code

State/Province Country

Nationality + Occupation

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the management board

Consent Signature Date

Forename(s) +

Surname(s)

Address +

City/Town Post/Zip Code

State/Province Country

Nationality + Occupation

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the management board

Consent Signature Date

CONSENT SCHEDULE (CONTINUATION SHEET NO.)

(For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

Forename(s) +

Surname(s)

Address +

City/Town **Post/Zip Code**

State/Province **Country**

Nationality + **Occupation**

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the management board

Consent Signature **Date**

Forename(s) +

Surname(s)

Address +

City/Town **Post/Zip Code**

State/Province **Country**

Nationality + **Occupation**

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the management board of the foundation

Consent Signature **Date**

CONSENT SCHEDULE (CONTINUATION SHEET NO.)

(For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

**Persons to be members of the
supervisory board**

Forename(s) +

Surname(s)

Address +

City/Town **Post/Zip Code**

State/Province **Country**

Nationality + **Occupation**

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the supervisory board

Consent Signature **Date**

Forename(s) +

Surname(s)

Address +

City/Town **Post/Zip Code**

State/Province **Country**

Nationality + **Occupation**

Date of birth

(NOTE: A member must be over 18 years of age)

I consent to act as a member of the supervisory board

Consent Signature **Date**