



**NEVIS ISLAND ADMINISTRATION  
REGISTRAR OF FOUNDATIONS**  
*EXPLANATORY NOTES*

*Notes in brackets and italics are for explanatory purposes only and full reference must be had to the provisions of the Ordinance*

# FORM 95(1)

## Annual return

pursuant to section 95(1) of the Multiform Foundations Ordinance, 2004

### To the Registrar of Foundations

**Multiform foundation number**

**Foundation name in full**

**Date of registration**

*(NOTE: This form must be filed by the end of the month following the anniversary month of registration)*

**Name and address of registered agent in Nevis**

**Address of registered office in Nevis**  
*(NOTE: Only complete, if different from above, but this must be an address in Nevis of the registered agent)*

Please mark the appropriate box with an **X** - ONLY ONE can be marked

**Stated multiform**

<b>Ordinary Foundation</b> <input type="checkbox"/>	<b>Trust Foundation</b> <input type="checkbox"/>
<b>Company Foundation</b>	<b>Partnership Foundation</b>
<b>Limited Company</b> <input type="checkbox"/>	<b>General Partnership</b> <input type="checkbox"/>
<b>Unlimited Company</b> <input type="checkbox"/>	<b>Limited Partnership</b> <input type="checkbox"/>
<b>Limited Liability Company</b> <input type="checkbox"/>	<b>Limited liability partnership</b> <input type="checkbox"/>
	<b>(or limited liability company to be treated as a partnership)</b>

**Please indicate by marking the box with an X if the multiform foundation is a tax resident foundation**

I /We hereby certify that the information contained in this form 95(1) and the attached schedule is true and complete and current at the anniversary date of registration of the multiform foundation

**Name of signatory in full**

**Signature**  **Date**

*\* delete whichever is not applicable* [secretary][registered agent] \*

*(NOTE: This is optional)*

**Presentor's name, address, reference and contact numbers (if any)**

This FORM 95(1) and the attached SCHEDULE duly signed and completed, together with the prescribed fee, must be delivered to the Registrar of Foundations at either the Nevis Foundation Registry or at any subregistry established under the Ordinance

**SCHEDULE TO ANNUAL RETURN FOR DETAILS OF SECRETARY, MANAGEMENT BOARD AND SUPERVISORY BOARD**

**Secretary**

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

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
City/Town	<input type="text"/>	Post /ZIP	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Incorporation (if applicable to body corporate) +	<input type="text"/>		

**Members of Management Board**

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

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
City/Town	<input type="text"/>	Post /ZIP	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Incorporation (if applicable to body corporate) +	<input type="text"/>		

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
City/Town	<input type="text"/>	Post /ZIP	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Incorporation if applicable to body corporate +	<input type="text"/>		

Forename(s) +

Surname(s)

Address +

City/Town  Post/ZIP

State/Province  Country

Incorporation if applicable to +  
body corporate

### Members of the Supervisory Board

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

Forename(s) +

Surname(s)

Address +

City/Town  Post/ZIP

State/Province  Country

Incorporation if applicable to +  
body corporate

Forename(s) +

Surname(s)

Address +

City/Town  Post/ZIP

State/Province  Country

Incorporation if applicable to +  
body corporate

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