



NEVIS ISLAND ADMINISTRATION
REGISTRAR OF FOUNDATIONS
To the Registrar of Foundations

CONSENT SCHEDULE for secretary and members of the management board and supervisory board

Person to act as secretary

(NOTE: A sole member of the management board cannot be also the secretary. For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
Post town/City	<input type="text"/>	Post/Zip Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Nationality +	<input type="text"/>	Occupation	<input type="text"/>
Date of birth	<input type="text"/>		

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

I consent to act as the secretary of the foundation

Consent Signature

Date

Persons to act as members of the management board

(NOTE: For example, this will refer to the trustees or council members of a trust foundation or ordinary foundation; the directors of a company foundation, or the members or partners of a partnership foundation or as may be otherwise specified in accordance with the constitution and the Ordinance. For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
Post town/City	<input type="text"/>	Post/Zip Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Nationality +	<input type="text"/>	Occupation	<input type="text"/>
Date of birth	<input type="text"/>		

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

I consent to act as a member of the management board

Consent Signature

Date

Persons to act as members of the management board (continued)

Forename(s) +

Surname(s)

Address +

Post town/City 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

Forenames(s) +

Surname(s)

Address +

Post town/City 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

Please mark the box with an **X** if continuation sheets are used.

Please mark the box with an **X** if the information is to be made available on the public register

(NOTE: The information will NOT be made available unless indicated)

Persons to act as members of the supervisory board

(NOTE: For example, this will refer to the protector or guardian of a trust foundation or ordinary foundation or otherwise with respect to a person having supervisory responsibilities. A sole member of the management board cannot be the sole supervisory board member. For a body corporate, its full name, place of incorporation and registered office must be specified as appropriately marked + below)

Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
Post town/City	<input type="text"/>	Post/Zip Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Nationality +	<input type="text"/>	Occupation	<input type="text"/>
Date of birth	<input type="text"/>		

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

I consent to act as a member of the supervisory board

Consent Signature	<input type="text"/>	Date	<input type="text"/>
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Forename(s) +	<input type="text"/>		
Surname(s)	<input type="text"/>		
Address +	<input type="text"/>		
Post town/City	<input type="text"/>	Post/ZipCode	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Nationality +	<input type="text"/>	Occupation	<input type="text"/>
Date of birth	<input type="text"/>		

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

I consent to act as a member of the supervisory board

Consent Signature	<input type="text"/>	Date	<input type="text"/>
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Please mark the box with an **X** if continuation sheets are used

Please mark with an **X** if the information is to be made available on the public register

(The information will NOT be made available unless indicated)