FORM B - INCLUDED ENTITIES OR HOLDING COMPANIES (ENGAGED, WHOLLY OR IN PART, IN RELEVANT ACTIVITIES

SECTION 1: DETAILS OF INCLUDED ENTITY OR HOLDING COMPANY (ENGAGED, WHOLLY OR IN PART, IN RELEVANT ACTIVITIES

1	Name of included entity:				
2	Are you a Holding Company (engaged, wholly or in part, in relevant activities)?		Yes	No	
3	Registration number:				
4	Tax identification number (TIN):				
5	Type:	International Business Companies Act (Chapter 270)			
		The Companies Act (Chapter 250)			
6	Are you regulated?		Yes	No □	
7	Registered Office of Entity:				
8	Principal Office of Entity (Location of business):				
0.4	Coords.	r office of ontitue if annii achi-			
8.1	Secondary	office of entity, if applicable			

SECTION 2: DETAILS OF CONTROLLING PERSON(S)

9	DIRECTOR(S)					
	(Make an entry in respect of every director)					
	Name Address Email address Ph					

Where the director is a corporate entity, supply the corporate documents (i.e. Articles and Memorandum of Association and the Certificate of Incorporation).

9.1	CORPORATE DIRECTOR(S) - where the director is a corporate body					
	(Make an entry in respect of every corporate director)					
	Name & Address of Corporate Directors	Jurisdiction of Incorporation	Date of Incorporation			

9.1.1	SHAREHOLDER(S)					
	(Make an entry in respect of every shareholder)					
	Name	Address	Phone #	Email address		% of shares
					tax residence	

9.1.2	CORPORATE SHAREHOLDER(S) - where the shareholder is a corporate body						
	(Make an entry in respect of every corporate shareholder)						
	Name & Address of Corporate						
	Shareholders	Incorporation					

10	Relevant activity/activities you are conducting:	Yes/No
	i. Banking business	
	ii. Insurance business	
	iii. Fund management business	
	iv. Financing and leasing business	
	v. Headquarters business	
	vi. Distribution and service centre business	
	vii. Shipping business	
	viii. As a holding company, engaged, in one of the activities	
	listed under i. to vii.	
	ix. Regulated Entities under the IFSC Act (select an option from the drop down list provided below)	
11	If YES is selected for question 10 viii, specify the relevant activity/activities of the Holding Company is performing the relevant activity.	and state what percentage
11.1	Are any of your subsidiary companies engaged in an activity under 10(i) to (vertical relevant activity:	ii) above? If yes, specify which
11.1.1	Description of the relevant business activity:	

SECTION 3: RELEVANT BUSINESS ACTIVITIES

SECTION 4: SUBSTANTIAL ECONOMIC PRESENCE REQUIREMENT INFORMATION A. GROSS INCOME Type of Gross Income US (dollar value) In what country is the gross income generated? **12 B. EXPENSES AND ASSETS** US (dollar value) US (dollar value) Type of Expenses Type of Assets Where are the assets? 12.1 C. EMPLOYEES Total number of full time employees. 13 How many are employed in Belize? 13.1 D. CORE INCOME GENERATING ACTIVITIES Provide a description of your core income generating activities. 14 SECTION 5: DESCRIPTION OF MANAGEMENT AND CONTROL ACTIVITIES How many meetings of the Board of Directors (BOD) are conducted in Belize? 15.1 List the types of decisions made in Belize: How many meetings of the BOD are conducted elsewhere? 15.1.1 List the types of decisions made elsewhere.

Is there a quorum of the BOD present for meetings in Belize?

16

Yes

No

16.1	Provide information in respect to the following:	Number of BOD		Quorum		
16.1.1	Is there a quorum of the BOD present for or electronic means?	meetings via telep	bhone	Yes	No	
16.1.2	Are minutes of the meeting recorded for strategic decisions by the included entity?					
16.1.3	Are all records and minutes of the meetings kept in Belize?					
SECTIO	ON 6: BOARD OF DIRECTORS Does the BOD have the necessary knowled its duties?	lge and expertise	to discharge			
	Name of Director			Expertise		
SECTION 18	SECTION 7: OUTSOURCING 18 If applicable, detail the portion of your core income generating activities that are outsourced.					
18.1	Are the outsourced core income generating	g activities taking	place in Belize?	Yes	No	
18.1.1	Are you able to monitor and control the ex	xecution of the cor	e income generat	ing activities that are	e outsourced?	
18.1.2	If applicable, provide the name and the adactivities are outsourced.	dress of the entity	v/entities to whom	n core income genera	ating	
18.1.3	If applicable, append additional informati	on.				

SECTION 8: CERTIFICATION OF THE INCLUDED ENTITY OR HOLDING COMPANY (ENGAGED, WHOLLY OR IN PART, IN RELEVANT ACTIVITIES (must be completed and signed either by a director (that is not nominee) or by a majority shareholder).

I certify that the particulars set out in this Form are:

(a)	true and correct to the best of my knowledge, information and belief; and				
(b)	the management and control of the above named entity is not outsourced to any person and remains with the said entity.				
Signatu	Date:				
Print na	ame:				