



LOYAL OFFSHORE LTD.
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APPLICATION FORM
for the formation of a
LIMITED LIABILITY PARTNERSHIP

NOTE: SUBMIT THIS FORM IN DUPLICATE

1. Name and Mailing Address of the Person Filing this Registration Statement

Last Name

First Name

Middle Name

Corporation or Firm Name (When applicant is a corporation)

Mailing Address

2. Please Provide Three (3) Proposed Names, In order of Priority, for The Limited Liability Partnership

i. _____

ii. _____

iii. _____

Note: Proposed names must have at their end the words "Limited Liability Partnership", OR the abbreviations "LLP" OR "L.L.P."

Signature of the Person Filing this Registration Statement

Date Signed (MM/DD/YY)

X _____

3. Please Provide the Intended Address in Belize of the Proposed Limited Liability Partnership

4. Please Complete the Table Below With the Specified Information About Each Person Who is to be a Partner in The Limited Liability Partnership

Name	Home Address	Business Address	Occupation

5. All intended partners must verify that, for the three years preceding this application, they have not been convicted of any offence involving **dishonesty, dealing in illegal drugs or money laundering** in Belize or elsewhere.

We, _____, _____ and _____ confirm that neither of us have, for the three years preceding this application, been convicted of any offence involving dishonesty, dealing in illegal drugs or money laundering in Belize or elsewhere.

X _____ X _____ X _____
Partner Partner Partner

6. Please indicate the address of service (principal location of business activity) for each of intended partners.

Name	Address of Service

Signature of the Person Filing this Registration Statement

Date Signed (MM/DD/YY)

X _____

7. Kindly provide the name of the LLP’s designated partner (partner responsible for any matters required to be done by the LLP including, but not limited to, filing documents, returns and other such required statements)

8. Please specify the proposed date that the Limited Liability Partnership should take effect.
 Day Month Year

If you wish to have the LLP be dissolved at a specified date, please indicate below
 Day Month Year

9. Please indicate whether you are requesting that we contact a financial institution to assist you with securing a bond in the sum of \$250 USD as is required for the formation of the LLP.

Yes

No

10. Please certify the following:

I confirm that I have received the approval of all partners to file this registration

I confirm that the partnership agreement authorizes the filing of this registration statement

Note:

This application must be accompanied by your partnership agreement.

Do you require services for drafting of a partnership agreement? Yes

No

Signature of the Person Filing this Registration Statement

Date Signed (MM/DD/YY)

X _____
