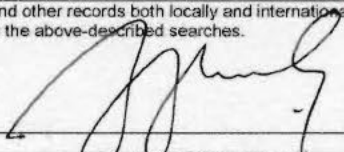




The Matalon Business Center, 2nd Floor
 Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
 Facsimile: (501) 223-0986
 Email: services@belizebankinternational.com

Applicant Information		
First Name JURGEN		Last Name MOSSACK
Street Address (No P.O. Box) [REDACTED] PANAMA		Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A		Zip/Postal Code 0832-0886 WTC
State Province PANAMA		State Province PANAMA
Country PANAMA		PANAMA
Nationality PANAMANIAN		Country of Residence PANAMA
Home No. N/A		Mobile No. N/A
Work No. +507 205-5888		Fax No. +507 263-9218
Passport No. [REDACTED]	Social Security No. N/A	Country of Issue PANAMA Exp Date 15/02/2016
Authorization		
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.		
This authorisation includes but is not limited to reports and/or information obtainable from police, criminal and other records both locally and internationally. I hereby release the Belize Bank International Ltd from any liability arising from conducting and using information obtained from the above-described searches.		
Dated the 15TH day NOV of 20 13		X 

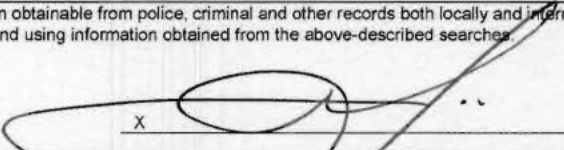
NOTE: Each Beneficial Owner of the Company and Authorised Signatory to the Company's account must complete and sign a separate Due Diligence Authorisation Form.



The Matalon Business Center, 2nd Floor
 Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
 Facsimile: (501) 223-0986
 Email: services@belizebankinternational.com

Applicant Information		
First Name RAMON		Last Name FONSECA
Street Address (No P.O. Box) [REDACTED]		Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A		Zip/Postal Code 0832-0886 WTC
State Province PANAMA		State Province PANAMA
Country PANAMA		PANAMA
Nationality PANAMANIAN		Country of Residence PANAMA
Home No. N/A		Mobile No. N/A
Work No. +507 205-5888		Fax No. +507 263-9218
Passport No. [REDACTED]	Social Security No. N/A	Country of Issue PANAMA Exp Date 02/01/2018
Authorization		
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.		
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Dated the 15TH day NOV of 20 13		X 

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The Matalon Business Center, 2nd Floor
Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
Facsimile: (501) 223-0986

Email: services@belizebankinternational.com

Applicant Information	
First Name IRENE	Last Name ANDREVE
Street Address (No P.O. Box) ██ PANAMA	Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A	Zip/Postal Code 0832-0886 WTC
State Province PANAMA	State Province PANAMA
Country PANAMA	PANAMA
Nationality PANAMANIAN	Country of Residence PANAMA
Home No. N/A	Mobile No. N/A
Work No. +507 205-5888	Fax No. +507 263-9218
Passport No. ██████████	Social Security No. N/A
	Country of Issue PANAMA
	Exp Date 12/06/2016
Authorization	
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.	
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Dated the 15TH day NOV of 20 13	x <i>Irene H. Andreve B.</i>

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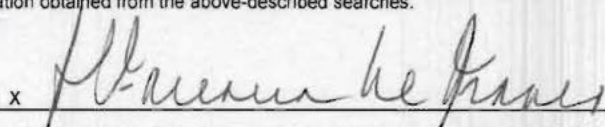
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The Matalon Business Center, 2nd Floor
Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
Facsimile: (501) 223-0986
Email: services@belizebankinternational.com

Applicant Information		
First Name ISABEL		Last Name FONSECA DE FRANCO
Street Address (No P.O. Box) [REDACTED] PANAMA		Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A		Zip/Postal Code 0832-0886 WTC
State Province PANAMA		State Province PANAMA
Country PANAMA		PANAMA
Nationality PANAMANIAN		Country of Residence PANAMA
Home No. N/A		Mobile No. N/A
Work No. +507 205-5888		Fax No. +507 263-9218
Passport No. [REDACTED]	Social Security No. N/A	Country of Issue PANAMA Exp Date 24/09/2014
Authorization		
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.		
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Dated the 15TH day NOV of 20 13		X 

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The Matalon Business Center, 2nd Floor
 Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
 Facsimile: (501) 223-0986
 Email: services@belizebankinternational.com

Applicant Information	
First Name ERNESTO	Last Name GONZALEZ
Street Address (No P.O. Box) [REDACTED] PANAMA	Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A	Zip/Postal Code 0832-0886 WTC
State Province PANAMA	State Province PANAMA
Country PANAMA	PANAMA
Nationality PANAMANIAN	Country of Residence PANAMA
Home No. N/A	Mobile No. N/A
Work No. +507 205-5868	Fax No. +507 263-9218
Passport No [REDACTED]	Social Security No. N/A
	Country of Issue PANAMA
	Exp Date 06/06/2018
Authorization	
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.	
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Dated the 15TH day NOV of 20 13	X

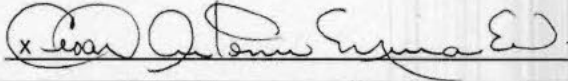
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The Matalon Business Center, 2nd Floor
 Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
 Facsimile: (501) 223-0986
 Email: services@belizebankinternational.com

Applicant Information	
First Name CESAR	Last Name MINA
Street Address (No P.O. Box) [REDACTED] PANAMA	Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A	Zip/Postal Code 0832-0886 WTC
State Province PANAMA	State Province PANAMA
Country PANAMA	PANAMA
Nationality PANAMANIAN	Country of Residence PANAMA
Home No. N/A	Mobile No. N/A
Work No. +507 205-5888	Fax No. +507 263-9218
Passport No. [REDACTED]	Social Security No. N/A
	Country of Issue PANAMA
	Exp Date 16/12/2017
Authorization	
<p>I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.</p> <p>This authorisation includes but is not limited to reports and/or information obtainable from police, criminal and other records both locally and internationally. I hereby release the Belize Bank International Ltd from any liability arising from conducting and using information obtained from the above-described searches.</p>	
<p>Dated the 15TH day NOV of 20 13</p> <p style="text-align: right;"></p>	

NOTE: Each Beneficial Owner of the Company and Authorised Signatory to the Company's account must complete and sign a separate Due Diligence Authorisation Form.



The Matalon Business Center, 2nd Floor
Belize City, Belize, Central America

Due Diligence Authorization Form

Tel: (501) 227-0697 / 1548
Facsimile: (501) 223-0986
Email: services@belizebankinternational.com

Applicant Information	
First Name MARUQUEL	Last Name OSORIO
Street Address (No P.O. Box) [REDACTED] PANAMA	Office Address MOSSFON BUILDING, E. 54TH ST., MARBELLA, PANAMA
Zip/Postal Code N/A	Zip/Postal Code 0832-0886 WTC
State Province PANAMA	State Province PANAMA
Country PANAMA	PANAMA
Nationality PANAMANIAN	Country of Residence PANAMA
Home No. N/A	Mobile No. N/A
Work No. +507 205-5888	Fax No. +507 263-9218
Passport No. [REDACTED]	Social Security No. N/A
	Country of Issue PANAMA
	Exp Date 25/07/2016
Authorization	
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by Belize Bank International Ltd. and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.	
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Dated the 15TH day NOV of 20 13	X

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