PRÓSPERA
Roatán Financial Services Authority

RFSA Action	**X**	**Resolution Number:**	3	**Meeting Date (n/a if by consent):**	n/a
Other Action				**Effective Date:**	June 14, 2022
Title:	Approval of Forms for Próspera Financial Regulation A				
Authority for Promulgation:	Próspera Financial Regulation A				

OPERATIVE TEXT OF RFSA ACTION:

RESOLVED that pursuant to the below indicated allocation of votes and/or indication of approval/consent, which meets the necessary threshold, with the necessary quorum being present if the action is based on a meeting as indicated above, the following proposed action or inaction is authorized, ratified and approved, as applicable, on behalf of the Roatán Financial Services Authority (the "**RFSA**") and the relevant personnel of the same may take all reasonable and necessary action to effectuate the same within the scope of this resolution:

Member Action by Consent: The 7 draft forms (i.e., A-1 and A-2 and F-1 through F-5) submitted with the set of submission drafts (the "**Submission Drafts**") by the RFSA Legal Officers via a letter dated June 13, 2022 and attached to this resolution are hereby approved pursuant to the RFSA's delegated authority to validate and approve that the Submission Drafts consistently implement Próspera Financial Regulation A, subject to and without prejudice to further administrative action by the RFSA under the same authority.

The RFSA acknowledges that the regulatory insurance being offered in connection with operating under Próspera Financial Regulation A is currently under an interim endorsement from the insurer of last resort, and that a final endorsement is under development to fully ensure compliance with the letter of the law is secured. Accordingly, in coordination with the Próspera Insurance Company LLC (the insurer of last resort) and Próspera Insurance Association LLC (the membership organization of the insurer of last resort), as permitted by Part 4(b)(3) of Próspera Financial Regulation A, the RFSA reserves the right to adopt reasonable modifications of the content of the foregoing administrative procedures, forms, and publication media in coordination with the final endorsement adopted by the regulatory insurer of last resort.

PRÓSPERA

Roatán Financial Services Authority

ROLL CALL OF VOTES/CONSENT:		
1.	**Approving Action?**	Yes
By: Riddhi Sohan Dasgupta (Jun 16, 2022 23:27 EDT)		
Name: Dr. Riddhi Sohan Dasgupta	**Title/Capacity: RFSA Member**	
	Caveat(s) to Vote: n/a	
2.	**Approving Action?**	Yes
By: Jose Luis Moncada r (Jun 16, 2022 11:28 MDT)		
Name: José Luis Moncada	**Title/Capacity: RFSA Member**	
	Caveat(s) to Vote: n/a	
3.	**Approving Action?**	Yes
By: Alexander P. Rolfe (Jun 16, 2022 10:11 EDT)		
Name: Alexander P. Rolfe	**Title/Capacity: RFSA Member/President**	
	Caveat(s) to Vote: n/a	
4.	**Approving Action?**	Yes
By: Chirag Shah (Jun 16, 2022 20:22 GMT+4)		
Name: Chirag Shah	**Title/Capacity: RFSA Member**	
	Caveat(s) to Vote: n/a	

PRÓSPERA

Roatán Financial Services Authority

Roatán Financial Services Authority		
Action Accepted on behalf of RFSA?		Yes
By: Alexander P. Rolfe Alexander P. Rolfe (Jun 16, 2022 10:11 EDT)		
Name: Alexander P. Rolfe	**Title/Capacity: RFSA President**	
Secretary Certification		
Is this record certified as evidencing the official act of the RFSA and duly noted in its records?		Yes
By: Alexander P. Rolfe Alexander P. Rolfe (Jun 16, 2022 10:11 EDT)		
Name: Alexander P. Rolfe	**Title/Capacity: RFSA President**	
Caveat(s) to Certification: n/a		

RFSA

A – 1

Roatan International Financial Center

Roatán Financial Service Authority

Application form to obtain money transmitting business registration pursuant Reg. A, Part 5, div. 14, sec. 1401-1407.

Part I: Identity of Individual, Entity or Organization intending to obtain a Money Transmitting business registration in the Próspera ZEDE Jurisdiction.

1 Name of Applicant	**2.** Type of Organization	**3** (e)Resident Number

4 Physical Address (number, street, and apt or ste no.)	**5** Email Address

6 City	**7** State	**8** ZIP Code	**9** Country	**10** Phone Number

13 Foreign Tax Identification (ID) if any.	**i.** Type of ID . . . . . **ii.** Number ID	**iii.** Country of Issuance . . . . .

14 Website, if available	**15** Operational Status i. Active ☐ ii. Start Up ☐ iii. Inactive

16 Estimate Volume of Business Expected in the Current year **$**	**17** Date of Establishment M| D| Y|

Part II: Transaction Accounts in Depository Institutions the Applicant Posses

18 Institution #1

19 Name of the Depository Institution	**20** Date Account Opened M| D| Y|	**21** Reference No for Depositary Account

22 Depository Institution's Address (number, street, and apt or ste no.)

23 City	**24** State	**25** ZIP Code	**26** Country

27 Institution #2, if any.

28 Name of the Depository Institution	**29** Date Account Opened M| D| Y|	**30** Reference No for Depositary Account

31 Depository Institution's Address (number, street, and apt or ste no.)	**32** Email Address

33 City	**34** State	**35** ZIP Code	**36** Country

PART III: Information Regarding the Individuals Who Own, Are In Control, Is A Director, Officer Or Otherwise Participates In The Money Transmitting Business

37 First Name	**38** M. I.	**39** Last name	**40** (e)Resident No., if available

41 Address (number, street, and apt or ste no.)	**42** Country of Birth	**43** Date of Birth

44 State	**45** ZIP Code	**46** Country	**47** Occupation, Profession, or Business

48 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID	**iii.** Country of Issuance . . . . .

49 Position	**50** Email Address	**51** Phone Number

52 Check This Box to Indicate More Than One Person Is In Control Of The Money Transmitting Business. . . . . ☐

53 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZING PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

RFSA

A – 1.1

Roatán International Financial Center

Roatán Financial Service Authority

Additional Information on Controlling Members, Owners, Directors, Officers, And Other Participants In The Principal Money Transmitting Registration Application.

PART I: Information Regarding the Individuals Who Own, Are in Control, is A Director, Officer or Otherwise Participates in the Money Transmitting Business

1 First Name	2 M. I.	**3** Last name	**4** (e)Resident No., if available
5 Address (number, street, and apt or ste no.)		**6** Country of Birth	**7** Date of Birth
8 State	**9** ZIP Code	**10** Country	**11** Occupation, Profession, or Business
12 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
13 Position		**14** Email Address	**15** Phone Number

16 First Name	**17** M. I.	**18** Last name	**19** (e)Resident No., if available
20 Address (number, street, and apt or ste no.)		**21** Country of Birth	**22** Date of Birth
23 State	**24** ZIP Code	**25** Country	**26** Occupation, Profession, or Business
27 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
28 Position		**29** Email Address	**30** Phone Number

31 First Name	**32** M. I.	**33** Last name	**34** (e)Resident No., if available
35 Address (number, street, and apt or ste no.)		3**6** Country of Birth	**37** Date of Birth
38 State	**39** ZIP Code	**40** Country	**41** Occupation, Profession, or Business
42 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
43 Position		**44** Email Address	**45** Phone Number

46 First Name	**47** M. I.	**48** Last name	**49** (e)Resident No., if available
50 Address (number, street, and apt or ste no.)		**51** Country of Birth	**52** Date of Birth
53 State	**54** ZIP Code	**55** Country	**56** Occupation, Profession, or Business
57 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
58 Position		**59** Email Address	**60** Phone Number

Signature . . . . . AUTORIZING PARTY	**Signature Date** M| D| Y|

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022

RFSA

A – 1.1



RFSA

A – 2

Roatán Financial Service Authority

Application form to obtain Banking License in Próspera ZEDE pursuant Reg. A, Part 6, div. 2, sec. 201-209.

The Applicant seeking to obtain a Banking License from the Roatán International Financial Center Shall fill out this application accompanied with the following documents: a) The Entity's certificate of incorporation and bylaws or equivalent organizational documents; b) The Financial and administrative structure, the technical plans, and the operations that the institution intends to carry out; c) Certificate proving the existence and availability of the capital with which the bank expects to start operating with; d) The origin of the funds that make up the bank's starting capital, and e) Any such documents and information as may be determined in additional related published administrative actions.

Part I: Identity of Entity applying to obtain a Banking License in the Roatán International Financial Center.

1 Name of Applicant	**2.** Type of Organization	**3** (e)Resident Number

4 Physical Address (number, street, and apt or ste no.)	**5** Email Address

6 City	**7** State	**8** ZIP Code	**9** Country	**10** Phone Number

13 Foreign Tax Identification (ID) if any.	**i.** Type of ID . . . . . **ii.** Number ID	**iii.** Country of Issuance . . . . .

14 Website, if available	**15** Bank Trade Name

16 Initial Capital, if any **$**	**17** Date of Establishment, if applicable M| D| Y|
18 Foreign License Yes ☐ No ☐	**19** Foreign License Registration Identification No.
20 Nationality of Foreign License Registration, if any	**21** Operational Status i. Active ☐ ii. Start Up ☐ iii. Inactive ☐

Part II: Classification of Business License Requested

22 Pursuant Regulation A, Part 6. Division 3 the Roatán International Financial Service offer 4 banking classes; select desired license class according to the Bank's activities.

23 **Class A** (Lending-Only Banks) [No Deposit Taking]	☐
24 **Class B** (100% Reserve Banks) [No lending Operations]	☐
25 **Class C** (Commercial Banking) [Lending, Deposits, Lending Using Deposited Funds]	☐
26 **Class D** (Microfinancing Bank) [Lending, Deposits, Lending Using Deposited Funds only to Honduran Individuals or Entities]	☐

PART III: Bank's Activities and Origins of the Funds

27 Describe the intended banking activities to be carried out in Próspera ZEDE:

28 Describe Activities Carried by the Bank in other Jurisdictions, if any

29 Describe Origin of the Funds that serve as capital of the bank, if any

PART III: Information f The Organizer Applying for The Bank License.

30 First Name	**31** M. I.	**32** Last name	**33** (e)Resident No., if available

34 Address (number, street, and apt or ste no.)	**35** Country of Birth	**36** Date of Birth

37 State	**38** ZIP Code	**39** Country	**40** Occupation, Profession, or Business

41 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID	**iii.** Country of Issuance . . . . .

42 Position	**43** Email Address	**44** Phone Number

45 Check This Box To Indicate More Than One Person Or Entity Is In Control Of The Applicant Bank . . . . . ☐

54 The Applicant shall attached the following documents to this application form in order to formerly apply to the desired bank license:

a) The entity's certificate of incorporation and bylaws or equivalent organizational documents;
b) The financial and administrative structure, the technical plans and the operations that the institution intends to carry out.
c) A certificate proving the existence and availability of the capital with which the bank expects to start operating with.
d) The origin of the funds that make up the bank's starting capital; and
e) Such other documents and information as may be determined in additional related published administrative actions.

53 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . Organizer	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

- End of Form -

RFSA

A – 2.1

Roatán Financial Service Authority

Additional Information on Controlling Members, Owners, Directors, Officers, and/or mayor shareholders of the bank applying for the banking license.

PART I: Information Regarding the Individuals Who Own, Are in Control, is A Director, Officer or Otherwise Major Shareholder in the applicant bank.

1 First Name	**2** M. I.	**3** Last name	**4** (e)Resident No., if available
5 Address (number, street, and apt or ste no.)		**6** Country of Birth	**7** Date of Birth
8 State	**9** ZIP Code	**10** Country	**11** Occupation, Profession, or Business
12 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
13 Position	**14** Email Address		**15** Phone Number
16 Percentage of Ownership	. . . . . .%		

17 First Name	**18** M. I.	**19** Last name	**20** (e)Resident No., if available
21 Address (number, street, and apt or ste no.)		**22** Country of Birth	**23** Date of Birth
24 State	**25** ZIP Code	**26** Country	**28** Occupation, Profession, or Business
27 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
28 Position	**29** Email Address		**30** Phone Number
31 Percentage of Ownership	. . . . . .%		

32 First Name	**33** M. I.	**34** Last name	**35** (e)Resident No., if available
36 Address (number, street, and apt or ste no.)		**37** Country of Birth	**38** Date of Birth
39 State	**40** ZIP Code	**41** Country	**42** Occupation, Profession, or Business
43 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
48 Position	**49** Email Address		**50** Phone Number
51 Percentage of Ownership	. . . . . .%		

RFSA

A – 2.1

52 First Name	**53** M. I.	**54** Last name	**55** (e)Resident No., if available
56 Address (number, street, and apt or ste no.)		**57** Country of Birth	**58** Date of Birth
60 State	**61** ZIP Code	**62** Country	**63** Occupation, Profession, or Business
64 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
65 Position		**66** Email Address	**67** Phone Number
58 Percentage of Ownership	. . . . . %		

59 First Name	**60** M. I.	**61** Last name	**62** (e)Resident No., if available
63 Address (number, street, and apt or ste no.)		**64** Country of Birth	**65** Date of Birth
66 State	**67** ZIP Code	**68** Country	**69** Occupation, Profession, or Business
70 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
71 Position		**71** Email Address	**72** Phone Number
73 Percentage of Ownership	. . . . . %		

74 First Name	**75** M. I.	**76** Last name	**77** (e)Resident No., if available
78 Address (number, street, and apt or ste no.)		**79** Country of Birth	**80** Date of Birth
81 State	**82** ZIP Code	**83** Country	**84** Occupation, Profession, or Business
85 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
86 Position		**87** Email Address	**88** Phone Number
89 Percentage of Ownership	. . . . . %		

90 First Name	**91** M. I.	**92** Last name	**93** (e)Resident No., if available
94 Address (number, street, and apt or ste no.)		**95** Country of Birth	**96** Date of Birth
97 State	**98** ZIP Code	**99** Country	**100** Occupation, Profession, or Business
101 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
102 Position		**103** Email Address	**104** Phone Number
105 Percentage of Ownership	. . . . . %		

RFSA

A – 2.1

Roatán International Financial Center

106 First Name	**107** M. I.	**108** Last name	**109** (e)Resident No., if available
110 Address (number, street, and apt or ste no.)		**111** Country of Birth	**112** Date of Birth
113 State	**114** ZIP Code	**115** Country	**116** Occupation, Profession, or Business
117 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
118 Position		**119** Email Address	**120** Phone Number
121 Percentage of Ownership	. . . . . %		

122 First Name	**123** M. I.	**124** Last name	**125** (e)Resident No., if available
126 Address (number, street, and apt or ste no.)		**127** Country of Birth	**128** Date of Birth
129 State	**130** ZIP Code	**131** Country	**132** Occupation, Profession, or Business
133 Foreign Tax Identification (ID)	**ii.** Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance . . . . .
134 Position		**135** Email Address	**136** Phone Number
138 Percentage of Ownership	. . . . . %		

139 First Name	**140** M. I.	**141** Last name	**142** (e)Resident No., if available
143 Address (number, street, and apt or ste no.)		**144** Country of Birth	**145** Date of Birth
146 State	**147** ZIP Code	**148** Country	**149** Occupation, Profession, or Business
ii. Number ID . . . . . **i.** Type of ID		**iii.** Country of Issuance	
150 Position		**151** Email Address	**152** Phone Number
153 Percentage of Ownership	. . . . . %		

Signature . . . . . **Organizer**	**Signature Date** M| D| Y|

RFSA

F - 1

Roatán International Financial Center

Roatán Financial Service Authority

Report of Payments over $10,000.00 from Domestic Financial Institutions Received in a Trade on any Type of Currency.

Part I: Identity of Individual or Entity (Company or Organization) From Whom the Money Was Received

1 First Name or Organization's Name	**2** M. I.	**3** Last name	**4** (e)Resident No., if available

5 Address (number, street, and apt or ste no.)	**6** Country of Birth	**7** Date of Birth

8 City	**9** State	**10** ZIP Code	**11** Country	**12** Occupation, Profession, or Business

13 Foreign Identification (ID)	**i.** Type of ID . . . . . **ii.** Number ID	**iii.** Country of Issuance . . . . .

14 Organization's Name, if any	**15** Legal Capacity in Which the Participant is Acting

Part II: Identity of Individual or Entity (Company or Organization) That Received The Money

16 First Name or Organization's Name	**17** M. I.	**18** Last name	**19** (e)Resident No., if available

20 Address (number, street, and apt or ste no.)	**21** Country of Birth	**22** Date of Birth

23 City	**24** State	**25** ZIP Code	**26** Country	**27** Occupation, Profession, or Business

28 Foreign Identification (ID)	**i.** Type of ID . . . . . **ii.** Number	**iii.** Country of Issuance . . . . .

PART III: DESCRIPTION OF THE TRANSACTION AND METHOD OF PAYMENT

29 Date Payment Received	**30** Total Payment Received	**31** Indicate whether Payment was received in multiple payments. . . . . ☐
M| D| Y|	USD $	

32 Type of Transaction

Real Estate Property Purchase	☐	**Real Estate Property Lease**	☐	
Equipment or Material Purchase	☐	**Equipment Lease**	☐	
Intangible Property Purchase	☐	**Dept Obligation Paid**	☐	
Business Service Provided	☐	**Arbitral Award Paid**	☐	Describe other:
Personal Service Provided	☐	**Other (Identify)**	☐	. . . . .
Escrow or Trust Funds Disbursement	☐			. . . . .

33 Amount of cash received in USD equivalent:

U.S. Currency:	**$**		
Foreign Currency:	**$**	**Nationality**	. . . . .
Check(s):	**$**	**Issuer Bank, Company, Organization or Individual**	. . . . .
Money Order(s):	**$**		. . . . .
Bank Transfer(s):	**$**		. . . . .
Crypto Transaction(s):	**$**	**Blockchain**	. . . . .

34 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZING PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022

RFSA

F - 2

Roatán International Financial Center

Roatán Financial Service Authority

Report of Payments over $10,000.00 from Foreign Financial Institutions Received in a Trade on any Type of Currency.

Part I: Identity of Individual or Entity (Company or Organization) From Whom the Money Was Received				
1 First Name or Organization's Name	**2** M. I.	**3** Last name		**4** (e)Resident No., if available
5 Address (number, street, and apt or ste no.)		**6** Country of Birth		**7** Date of Birth
8 City	**9** State	**10** ZIP Code	**11** Country	**12** Occupation, Profession, or Business
13 Foreign Identification (ID)	**i.** Type of ID . . . . . **ii.** Number ID			**iii.** Country of Issuance . . . . .
14 Organization's Name, if any		**15** Legal Capacity in Which the Participant is Acting		
17 Country from where the payment proceeds.				

Part II: Identity of Individual or Entity (Company or Organization) That Received The Money				
17 First Name or Organization's Name	**18** M. I.	**19** Last name		**20** (e)Resident No., if available
21 Address (number, street, and apt or ste no.)		**22** Country of Birth		**23** Date of Birth
24 City	**25** State	**26** ZIP Code	**27** Country	**28** Occupation, Profession, or Business
29 Foreign Identification (ID)	**i.** Type of ID . . . . . **ii.** Number			**iii.** Country of Issuance . . . . .
30 Country where the payment was received				

PART III: DESCRIPTION OF THE TRANSACTION AND METHOD OF PAYMENT				
31 Date Payment Received M| D| Y|	**32** Total Payment Received USD $			**33** Indicate whether Payment was received in multiple payments. . . . . ☐
34 Type of Transaction				
Real Estate Property Purchase ☐		**Real Estate Property Lease** ☐		
Equipment or Material Purchase ☐		**Equipment Lease** ☐		
Intangible Property Purchase ☐		**Dept Obligation Paid** ☐		
Business Service Provided ☐		**Arbitral Award Paid** ☐		Describe other:
Personal Service Provided ☐		**Other (Identify)** ☐		. . . . .
Escrow or Trust Funds Disbursement ☐				. . . . .
35 Amount of cash received in USD equivalent:				
U.S. Currency:	**$**			
Foreign Currency:	**$**	**Nationality**		. . . . .
Check(s):	**$**	**Issuer Bank, Company, Organization or Individual**		. . . . .
Money Order(s):	**$**			. . . . .
Bank Transfer(s):	**$**			. . . . .
Crypto Transaction(s):	**$**	**Blockchain**		. . . . .

36 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZING PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022

RFSA

F - 3

Roatán International Financial Center

Roatán Financial Service Authority

Report of Payments over $10,000.00 conducted by a Regulated Industry person or entity in a Trade on any Type of Currency.

Part I: Identity of Individual or Entity (Company or Organization) From Whom the Money Was Received

1 First Name or Organization's Name	**2** M. I.	**3** Last name	**4** (e)Resident No., if available
5 Address (number, street, and apt or ste no.)		**6** Country of Birth	**7** Date of Birth
8 City	**9** State	**10** ZIP Code / **11** Country	**12** Occupation, Profession, or Business
13 Foreign Tax Identification (ID)	**i.** Type of ID . . . . . **ii.** Number ID		**iii.** Country of Issuance . . . . .
14 Organization's Name, if any		**15** Legal Capacity in Which the Participant is Acting	
17 Identify Regulated Industry under which the individual or entity is operating inside Próspera ZEDE, if any.			

Part II: Identity of Individual or Entity (Company or Organization) That Received The Money

17 First Name or Organization's Name	**18** M. I.	**19** Last name	**20** (e)Resident No., if available
21 Address (number, street, and apt or ste no.)		**22** Country of Birth	**23** Date of Birth
24 City	**25** State	**26** ZIP Code / **27** Country	**28** Occupation, Profession, or Business
29 Foreign Identification (ID)	**i.** Type of ID . . . . . **ii.** Number		**iii.** Country of Issuance . . . . .
30 Identify Regulated Industry under which the individual or entity is operating inside Próspera ZEDE, if any.			

PART III: DESCRIPTION OF THE TRANSACTION AND METHOD OF PAYMENT

31 Date Payment Received	**32** Total Payment Received	**33** Indicate whether Payment was received in multiple payments. . . . . ☐
M| D| Y|	USD $	

34 Type of Transaction

Real Estate Property Purchase	☐	**Real Estate Property Lease**	☐	
Equipment or Material Purchase	☐	**Equipment Lease**	☐	
Intangible Property Purchase	☐	**Dept Obligation Paid**	☐	
Business Service Provided	☐	**Arbitral Award Paid**	☐	Describe other:
Personal Service Provided	☐	**Other (Identify)**	☐	. . . . .
Escrow or Trust Funds Disbursement	☐			. . . . .

35 Amount of cash received in USD equivalent:

U.S. Currency:	**$**		
Foreign Currency:	**$**	**Nationality**	. . . . .
Check(s):	**$**	**Issuer Bank, Company, Organization or Individual**	. . . . .
Money Order(s):	**$**		. . . . .
Bank Transfer(s):	**$**		. . . . .
Crypto Transaction(s):	**$**	**Blockchain**	. . . . .

36 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZED PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022

RFSA

F - 4

Roatán International Financial Center

Roatán Financial Service Authority

Report of travel with monetary instruments above $10,000.00 carried by a Regulated Industry person or entity.

Part I: Identity of Individual Entering, Exiting, Shipping, Mailing, or receiving currency and/or monetary instruments to or from the Próspera ZEDE Jurisdiction.

1 First Name	**2** M. I.	**3** Last name	**4** (e)Resident No., if available

5 Current Address (number, street, and apt or ste no.)	**6** Country of Birth	**7** Date of Birth

8 City	**9** State	**10** ZIP Code	**11** Country	**12** Occupation, Profession, or Business

13 Foreign Tax Identification (ID)	**i.** Type of ID . . . . . **ii.** Number ID	**iii.** Country of Issuance . . . . .
14 Passport Nº.	**i.** Country of Issuance . . . . . **ii.** Number	**iii.** Expiration Date . . . . .

15 Organization's Name the Individual is member of, if any.	**16** Legal Capacity in Which the Participant is Acting

17 Identify Regulated Industry under which the individual or entity is operating inside Próspera ZEDE, if any.

Part II: Identity of Individual or Entity on Whose Behalf the Importation or Exportation was Conducted.

18 First Name or Organization's Name	**19** M. I.	**20** Last name	**21** (e)Resident No., if available

22 Permanent Address (number, street, and apt or ste no.)	**23** Country of Birth	**24** Date of Birth

25 City	**26** State	**27** ZIP Code	**28** Country	**29** Occupation, Profession, or Business

30 Foreign Tax Identification (ID)	**i.** Type of ID . . . . . **ii.** Number	**iii.** Country of Issuance . . . . .

32 Identify Regulated Industry under which the individual or entity is operating inside Próspera ZEDE, if any.

PART III: Information About Currency and/or Monetary Instruments.

33 Date of Entry	**34** Foreseen Date of Exit	**35** Total Amount Money Carried
M| D| Y|	M| D| Y|	USD $ . . . . .

34 Type of Currency or Monetary Instrument.

U.S. Currency:	**$**	**Name and Nationaly of Currency**	. . . . .
Foreign Currency:	**$**		
Check(s):	**$**	**Issuer Bank, Company,**	. . . . .
Money Order(s):	**$**	**Organization or**	. . . . .
Bank Transfer(s):	**$**	**Individual**	. . . . .
Crypto Transaction(s):	**$**	**Blockchain**	. . . . .

35 Describe the Origin, Destination and/or Route the Currency and/or Monetary Instrument being Transported.

Origin	**Destination**	**Route, if any**

36 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZING PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022

RFSA

F - 5

Roatán International Financial Center

Roatán Financial Service Authority

Report on Transactions Over $10,000.00 by Non-Financial Institutions Received in a Trade or Business.

Part I: Identity of Individual or Entity (Company or Organization) From Whom the Money Was Received

1 First Name or Organization's Name	**2** M. I.	**3** Last name	**4** (e)Resident No., if available

5 Address (number, street, and apt or ste no.)	**6** Country of Birth	**7** Date of Birth

8 City	**9** State	**10** ZIP Code	**11** Country	**12** Occupation, Profession, or Business

13 Foreign Tax Identification (ID)	**i.** Type of ID	**iii.** Country of Issuance . . . . .
	ii. Number ID	**iv.** Non-Financial Business Registration . . . . .

14 Organization's Name, if any	**15** Legal Capacity in Which the Participant is Acting

Part II: Identity of Individual or Entity (Company or Organization) That Received The Money

17 First Name or Organization's Name	**18** M. I.	**19** Last name	**20** (e)Resident No., if available

21 Address (number, street, and apt or ste no.)	**22** Country of Birth	**23** Date of Birth

24 City	**25** State	**26** ZIP Code	**27** Country	**28** Occupation, Profession, or Business

29 Foreign Tax Identification (ID)	**i.** Type of ID	**iii.** Country of Issuance . . . . .
	ii. Number ID	**iv.** Non-Financial Business Registration . . . . .

30 Organization's Name, if any	**31** Legal Capacity in Which the Participant is Acting

PART III: DESCRIPTION OF THE TRANSACTION AND METHOD OF PAYMENT

32 Date Payment Received	**33** Total Payment Received	**34** Indicate whether Payment was received in multiple payments. . . . . ☐
M| D| Y|	USD $	

35 Type of Transaction

Real Estate Property Purchase	☐	**Real Estate Property Lease**	☐	
Equipment or Material Purchase	☐	**Equipment Lease**	☐	
Intangible Property Purchase	☐	**Dept Obligation Paid**	☐	
Business Service Provided	☐	**Arbitral Award Paid**	☐	Describe other:
Personal Service Provided	☐	**Other (Identify)**	☐	. . . . .
Escrow or Trust Funds Disbursement	☐			. . . . .

36 Amount of cash received in USD equivalent:

U.S. Currency:	**$**		
Foreign Currency:	**$**	**Nationality**	. . . . .
Check(s):	**$**	**Issuer Bank, Company, Organization or Individual**	. . . . .
Money Order(s):	**$**		. . . . .
Bank Transfer(s):	**$**		. . . . .
Crypto Transaction(s):	**$**	**Blockchain**	. . . . .

37 I hereby swear or affirm under penalty of perjury that the information given herein is true and correct to the best of my knowledge and/or belief.

Signature . . . . . AUTORIZED PARTY	**Title** . . . . .
Print Name of Contact Person	**Phone Number of Contact Person**
Signature Date M| D| Y|	**Email of Contact Person**

Created by: Ricardo A. González, LLM
Acting/Assistant ZEDE Manager

Dated: 05/21/2022


RFSA