

# Affidavit for Accessing Information on Offshore Entities

To: Novasol Judicare Inc., P.O.Box 641, Porthill, ID 83853 USA  
Fax: +1-775-890-0699  
E-mail: novasol@hushmail.com

Re: **Accessing your web-based information on Offshore Entities**

Dear Sirs,

I, \_\_\_\_\_, hereby declare that I would like to access your password protected web pages on Offshore Entities, for the exclusive purpose of my own personal education.

I am referred to your site by: \_\_\_\_\_.

I prove my identity through a \$10 payment made through PayPal, using a credit card in my own name.

The payment receipt number is: \_\_\_\_\_.

and I used the following e-mail address: \_\_\_\_\_.

*Alternatively, I am mailing an originally signed copy of this affidavit, duly witnessed, together with a notarized copy of my passport, showing my picture, including the total amount of US\$10.00 either in cash or on a money order made payable to Novasol Judicare Inc.*

I understand that the web pages and e-mails describing this information as well as the information itself all are copyright protected, and that I am not allowed to share any of them with anyone else, except with my lawyer, as specifically instructed and approved by you. I declare my full intent to respect that.

I further agree that I am acting completely and exclusively in the capacity of a private person seeking financial benefits from the use of this knowledge to myself, or someone in my care or under my custody, whose personal interests I am responsible for as a trustee. I am not acting as a representative of any other persons whose affairs I do not control, or of any interest groups or organizations, businesses, enterprises, agencies, or departments, and I am not working under orders or instructions from anyone whom I have any kind of obligations to, other than a possible private trustee relationship. I agree that I will pay Novasol Judicare Inc. or its assignee the undisputable sum of US\$100,000.00 in non-negotiable penalty for violating this.

I declare that I will not, under any circumstances, share this information with others, including (but not limited to): my peers or superiors, government representatives, and/or employees, unless explicitly ordered to by a court of law. I understand and agree to these statements under penalty of perjury, fraud and other charges. I am fully aware that any breach of these covenants from my side can and will be used against me in a court of law. I also agree that, in case of such a breach, I will be responsible for all incurred damages on the part of Novasol Judicare Inc. and its affiliates and associates, including (but not limited to) their legal fees, employee time, subcontracted work, lost business, etc. that might arise from such a breach. All such costs are payable by me in addition to the above mentioned non-negotiable penalty.

I further inform you that I have established the following Hushmail account to receive the access code for the pages about this information:

Hushmail:

I will send you a note from this account referring to this affidavit and my payment method, so you quickly can verify this hushmail account as mine.

I understand that you will submit to me further instructions for accessing this information when you approve of this affidavit. I understand that if the above hushmail address is illegible or invalid, I will hear nothing from you, and my payment then becomes non-refundable.

I declare all of the above information to be true, and I commit to the covenants given above, under respect for the law in my country, as well as the law of the Province of British Columbia in Canada:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name:

Address:

Phone:

Fax:

The following two witnesses (or one notary) hereby confirm that the signature and the date above are authentic, and the personal data are correct and verified against a personal ID (preferably a passport, alternatively two other IDs), a copy of which will be sent along with this affidavit.

*(Note: When a payment reference is given correctly, just one unrelated witness will suffice.)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name:

Address:

Phone:

ID seen:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name:

Address:

Phone:

ID seen: