

# Affidavit for using information obtained during and after a consultation

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

Re: **Obtaining information on offshore matters**

Dear Sirs,

I, \_\_\_\_\_, hereby declare that I am requesting a consultation with Mogens Eliassen, as a 1-on-1 webinar in Novasol 's voice room, for the exclusive purpose of my own personal education.

I am referred to you by:\_\_\_\_\_.

I understand that the information I will obtain through this consultation or as a result of any follow-up on it is strictly confidential, and that I am not allowed to share any of it with anyone else, except 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 an undisputable sum that equals the market price of 1,000 (one thousand) grams of gold 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 accounts to discuss these matters:

SKYPE: \_\_\_\_\_

Hushmail: \_\_\_\_\_

I understand that you will submit to me further instructions by hushmail for accessing this information when you approve of this affidavit. I understand that if the above hushmail address or SKYPE identity are illegible or invalid, I will hear nothing from you. I understand that SKYPE will be used exclusively for non-confidential issues, like setting up appointments,

discussing technical issues, etc.

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, Canada:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I prove my identity through the fee payment made through PayPal, using a credit card in my own name.

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

the date of the payment is: \_\_\_\_\_ ,

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

*(Note: If the payment is made through credit card that does not reveal your own name in the payment transaction to us, then this document must be notarized or have the signature on it witnessed by two non-related people.)*

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.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ ID seen: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ ID seen: \_\_\_\_\_