**APPLICATION FORM**

**SEYCHELLES TRUST OR MAURITIUS TRUST**

**SECTION 1 – ABOUT THE SETTLOR**

**1.1 – PERSONAL INFORMATION ABOUT THE PERSON WISHING TO ESTABLISH THE TRUST**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (eg Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  |
| Any Former Names: |  |
| Passport Number: |  | Date Of Birth: |  |
| Nationality: |  | Place Of Birth: |  |

 Please provide information about your background and professional experience (attach work history, resume or CV if available)

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**1.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
|  |
| City: |  | State/County: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Home Facsimilie: |  |
| Mobile Telephone: |  | Home Email: |  |
| Is this the mailing (postal) address for this person?  | [ ]  Yes [ ]  No |

**1.3 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Company Name: |  |
| Position Held: |  |
| Address: |  |
|  |
|  |
| City: |  | State/County: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Home Facsimilie: |  |
| Mobile Telephone: |  | Home Email: |  |
| Is this the mailing (postal) address for this person?  | [ ]  Yes [ ]  No |

**1.4 – PREFERRED METHOD OF CONTACT – please indicate by ticking a box**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Email | [ ]  Telephone |  | [ ]  Regular Mail | [ ]  Courier |

**SECTION 2 – ABOUT THE TRUST**

**2.1 – NAME OF THE TRUST**

Proposed name of the Trust (Please provide three alternatives in order of preference)

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**2.2 – PURPOSE OF THE TRUST**

Please provide the purpose and the reasons for which the Trust is to be established

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**2.3 – TRUST PERIOD**

Unless specified the perpetual state will be in accordance with the laws of perpetuality of the Seychelles or Mauritius.

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**2.4 – INITIAL SETTLED PROPERTY**

Please identify the value of the initial assets that will be settled into trust.

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Please provide details of the origin and source of the assets to be held by the trust. (We may request further information.)

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| --- | --- | --- |
| Are any of the assets shares in a company? | [ ]  Yes | [ ]  No |

If yes, please provide full details of the holding and nature of the business together with the name and address of each company.

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**SECTION 3 – ABOUT THE BENEFICIARIES**

**3.1 – PERSONAL INFORMATION ABOUT THE BENEFICIARIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (eg Mr, Mrs, Dr): |  | Family Name: |  |
| First and Other Names: |  |
| Any Former Names: |  |
| Passport Number: |  | Date Of Birth: |  |
| Nationality: |  | Place Of Birth: |  |

Please provide information about this person, the relationship with the settlor and information about distributions and special instructions.

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**3.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Address: |  |
|  |
|  |
| City: |  | State/County: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Home Facsimilie: |  |
| Mobile Telephone: |  | Home Email: |  |
| Is this the mailing (postal) address for this person?  | [ ]  Yes [ ]  No |

**3.3 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS**

|  |  |
| --- | --- |
| Company Name: |  |
| Position Held: |  |
| Address: |  |
|  |
|  |
| City: |  | State/County: |  |
| Post Code/Zip Code: |  | Country: |  |
| Home Telephone: |  | Home Facsimilie: |  |
| Mobile Telephone: |  | Home Email: |  |
| Is this the mailing (postal) address for this person?  | [ ]  Yes [ ]  No |

**3.4 – PREFERRED METHOD OF CONTACT – please indicate by ticking a box**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Email | [ ]  Telephone | [ ]  Fax | [ ]  Regular Mail | [ ]  Courier |

**SECTION 4 – ABOUT DUE DILLIGENCE**

**4.1 – MONEY LAUNDERING REGULATIONS**

Individuals – We are obliged to obtain documentation for the following parties under anti money laundering legislation in force. Details of documentation required are listed on the schedule ‘Client Identification’ attached, Appendix 1. Please check the relevant box:

[ ]  Settlor

[ ]  Protector of Trust (if any)

[ ]  Principal Beneficiaries of Trust\*

(\* Originals or appropriately certified copies of birth certificates of minor children of principal beneficiaries – if they are to benefit from the Trust – should be provided in the absence of other identification)

[ ]  Any person providing funds (if different from the settler)

[ ]  Any person who has the power to appoint trustees

[ ]  Any other beneficiaries prior to receiving funds from the Trust

**4.2 – TRUST REQUIREMENTS**

[ ]  Corporate Trustee

[ ]  Maintenance of Accounting Records

[ ]  Maintenance of Statutory Records

[ ]  Administration of Trust Affairs

[ ]  Administrative Office

[ ]  Preparation of Accounts and Financial Statements

**4.3 – FORUM OF ADMINISTRATION**

|  |  |
| --- | --- |
| Please specify: |  |

**4.4 – TYPE OF TRUST**

[ ]  Discretionary Declaration of Trust

[ ]  Interest in Posession (IIP) [ ]  Accumulation and Maintenance Trust (For Children)

[ ]  Interest in Posession (IIP) (With Protector) [ ]  Other – Please specify

**SECTION 5 – ABOUT SECURITY**

**5.1 – ACCOUNTING**

It is our policy that financial statements shall be prepared annually in accordance with best practice and the cost therof charged to the trust.

Accounting Currency: [ ]  Sterling [ ]  US Dollar [ ]  Other Currency

|  |  |
| --- | --- |
| If other, please specify |  |
| Accounting Year End (DD/MM/YYYY) |  |

**5.2 – BANK ACCOUNTS**

Offshore Company Corp will nominate a bank to be used unless otherwise specified. The bank account signatories will be in accourdance with our signatory list in force from time to time that always requires two signatures.

|  |  |
| --- | --- |
| Bank: |  |
| Currency(ies): |  |
| Type(s) of Account(s): |  |
|  |  |

**5.3 – RELEASE OF INFORMATION TO THIRD PARTIES**

Please indicate if you require information released to third parties such as your accountant/legal advisor/investment advisor. We will prepare and authority letter for your signature form the details you provide. This authority will remain in force until cancelled.

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
|  |
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|  |
| Telephone: |  | Facsimile: |  |

**5.5 – SPECIAL REQUIREMENTS AND OTHER INFORMATION**

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**5.6 – PREFERRED OFFICE FOR MEETINGS**

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| --- | --- |
| [ ]  The Seychelles | [ ]  Hong Kong |
| [ ]  Singapore | [ ]  Other |

**SECTION 6 – DECLARATION**

**6.1 – DECLARATION OF THE SETTLOR(S)**

The following declaration needs to be made by each Settlor(s). If necessary, please photocopy this form.

1. I/We the undersigned being the Settlor(s) of the proposed Trust confirm that I/we understand and acknowledge that Offshore Company Corp/One IBC Limited may be requested to disclose our identity and provide information and release documentation relating to the verification of my/our identity(ies), address(es) and good standing and those of Trust beneficiaries to the Banker, Stockbroker, Discretionary Investment Portfolio Manager (as the case may be and in order to satisfy their own “Know Your Client” requirements) of the Trust and I/we hereby confirm that we consent to the disclosure of such information in respect of myself/ourselves and my/our minor children for the purposes of opening such bank, stockbroking or investment account (as the case may be) provided that it is in the pursuance of business or operational activities of the trust.
2. I/We understand that separate authority may be required from third parties for the release of their own personal information and that such cases will be dealt with on an individual basis.
3. I/We confirm that I/we have neither been offered nor have received legal or tax advice from Offshore Company Corp/One IBC Limited.
4. I/We confirm that I/we have taken appropriate tax and legal advice with regard to the establishment of the Trust.
5. I/We hereby confirm that I/we have not, and none of the Settlor(s) nor named beneficiaries nor any Trust holding a beneficial interest has, in any part of the world been declared bankrupt or has a director or otherwise concerned in the management of any company or trust which has been subject to insolvent liquidation or been the subject of judicial enquiry or has been disqualified from acting as a director in any jurisdiction.
6. I/We, as Settlor(s), declare that I am/we are solvent and do not intend to defeat foreseeable creditors.
7. I/We the undersigned being the Settlor(s) of the proposed Trust declare that the particulars and information provided on this form are accurate and complete to the best of my/our knowledge and belief

|  |  |
| --- | --- |
| Print Name: |  |
| Signature: |  |
| Today’s Date (DD/MM/YYYY): |  |

|  |  |
| --- | --- |
| Print Name: |  |
| Signature: |  |
| Today’s Date (DD/MM/YYYY): |  |

**APPENDIX 1 – CLIENT IDENTIFICATION**

**PERSONAL CLIENT IDENTIFICATION FOR PREVENTION OF MONEY LAUNDERING AND TERRORISM**

Our statutory duty regarding the prevention of terrorism, drug trafficking and money laundering dictates we undertake a full and thorough due diligence of both our clients' identities and the nature of their businesses.

We are obliged by law to obtain the following information relating to the Settlor, Protector, bank signatories, beneficiaries and all parties connected in any way to the Trust we form or administer:

* Proof of Identity
* Proof of Residential Address

In addition, the provision of a Curriculum Vitae is sometimes mandatory and always useful.

**PROOF OF IDENTITY**

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of **one** of the following:
* Current Valid Full Passport
* Current Valid National ID Card
1. Such copy must bear a photograph, a signature and the number.
2. The copy must be certified by a manager of an Offshore Company Corp office or any of the following:

A notary public, a lawyer, a banker or another professional person.

1. The person making the certification is a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature.
2. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
3. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

*Having seen the individual and the identification documentation at the same time, I certify this is a true copy of the original and that the photograph is a reasonable likeness.*

*Signature*

*Name*

*Position / Capacity*

*Company*

*Date*

**PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and regulatory requirement**

To validate the home address of all parties mentioned in your application, please provide ONE of the following, for each party:

* **Original** recent utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
* **Original**  and recent bank or mortgage statement from a recognised bank.
* **Original** and recent credit card statement.
* **Original** bank reference, confirming the home address, from a recognised bank, addressed to Offshore Company Corp.

If you are unable to supply any of these documents you should contact us

**PROFESSIONAL REFERENCE**

References are required from an independent professional who knows the Settlor and Protector in a professional capacity (not simply an acquaintance). For example, a lawyer, accountant or a director or manager of a regulated financial institution. The reference should state the full name of the Settlor/Protector, full residential address, date of birth and the length of time (not less than one year) that the referee has known the Settlor/Protector.

References should be current, i.e. not older than one month.

The reference should be addressed to “One IBC Limited”. References addressed “To Whom it may Concern” are not acceptable.