



If you need help completing this form, please contact any OCRA Worldwide office.

Details can be found on [www.ocra.com](http://www.ocra.com)

**Complete in BLOCK CAPITALS and return to us**

**INDIVIDUAL SETTLOR**

Full Name

Date of Birth (DD/MM/YYYY)

Place of Birth

**Residential Address:**

City

State / County

Post Code / Zip Code

Country

**Business Address:**

City

State / County

Post Code / Zip Code

Country

**Correspondence Address:**

City

State / County

Post Code / Zip Code

Country

Email

Mobile

Telephone

Facsimile

**SPOUSE'S DETAILS**

Full Name

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**CHILDREN AND DEPENDANT'S DETAILS (Continue on a separate sheet if necessary)**

**Full Name (1)**

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**Full Name (2)**

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**Full Name (3)**

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**Full Name (4)**

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**Full Name (5)**

Address

Post Code / Zip Code

Country

Date of Birth (DD/MM/YYYY)

Place of Birth

**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 'Personal Client Identification'. 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 Settlor)
- Any person who has the power to appoint trustees
- Any other beneficiaries prior to receiving funds from the Trust

**TRUST REQUIREMENTS**

- Corporate Trustee
- Maintenance of Accounting Records
- Maintenance of Statutory Records
- Administration of Trust affairs
- Administrative Office
- Preparation of Accounts and Financial Statements

**PROPER LAW**

Please specify

**NAME OF TRUST**

**TYPE OF TRUST**

This should be discussed with your professional advisor. OCRA Worldwide's policy is to name the Settlor in the Trust Deed unless there are overriding reasons for this not to occur.

- Discretionary Declaration of Trust
- Discretionary Declaration of Trust (with Protector)
- Interest in Possession (IIP)
- Interest in Possession (IIP) (with Protector)
- Accumulation and Maintenance Trust (for children)

Other Please specify

**INITIAL TRUST PROPERTY**

Please specify amount

*For example*

*GBP 10 or equivalent in relevant currency*

Other Please specify

**TRUST FUND – Please indicate the assets intended to be held in trust**

Cash

Approximate value in currency

Investment Portfolio

Approximate value in currency

Unquoted Shares\*

Approximate value in currency

Property\*

Property will be held through an underlying company.

Approximate value in currency

Is gearing lending anticipated?

Yes

No

Insurance Policies\*

Approximate value in currency

Other Assets\*

Approximate value in currency

\*For Unquoted Shares, Property, Insurance Policies and / or Other Assets, please provide further details:

**PROTECTOR**

Please discuss with OCRA Worldwide. Protectors will need to provide the Personal Information requested on Page 1 of this form (excluding details of spouse and children). Please provide these details on a separate sheet or attach a completed photocopy.

Full Name

**BENEFICIARIES – Please continue on a separate sheet if required**

Full Name (1)

Address

Relationship to Settlor (if any)

Date of Birth (DD/MM/YY)

Place of Birth

Nature of Interest

Discretionary

Fixed (for IIP Trusts only)

If Fixed, state the nature

**BENEFICIARIES CONTINUED**

**Full Name (2)**

Address

Relationship to Settlor (if any)

Date of Birth (DD/MM/YYYY)

Place of Birth

Nature of Interest:

Discretionary

Fixed (for IIP Trusts only)

If Fixed, state the nature

**Full Name (3)**

Address

Relationship to Settlor (if any)

Date of Birth (DD/MM/YYYY)

Place of Birth

Nature of Interest:

Discretionary

Fixed (for IIP Trusts only)

If Fixed, state the nature

**Full Name (4)**

Address

Relationship to Settlor (if any)

Date of Birth (DD/MM/YYYY)

Place of Birth

Nature of Interest:

Discretionary

Fixed (for IIP Trusts only)

If Fixed, state the nature

**Full Name (5)**

Address

Relationship to Settlor (if any)

Date of Birth (DD/MM/YYYY)

Place of Birth

Nature of Interest:

Discretionary

Fixed (for IIP Trusts only)

If Fixed, state the nature

**PURPOSE OF TRUST**

Please note that it is our policy to obtain full information about trusts established in accordance with anti-money laundering and other legislation in force. Please provide ALL of the following information. Attach separate documents if necessary.

Full details of the reason for establishing the Trust

The nature of the proposed investment and activities of any underlying companies

Please provide a copy of any professional or legal advice taken (if available).

**SOURCE OF FUNDS – Please provide evidence if possible**

Source of funds or other assets introduced including the activities which generated such funds

Details of account from which monies are to be transferred

**ACCOUNTING**

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

Accounting Currency:

Sterling

US Dollar

Other

If other, please specify

Accounting Year End (DD/MM/YYYY)

**BANK ACCOUNTS**

OCRA Worldwide will nominate a bank to be used unless otherwise specified. The bank account signatories will be in accordance with our signatory list in force from time to time that always requires two signatures.

Bank (if not OCRA's nominated bank):

Currency(ies)

Type(s) of Account(s)

**FAX INDEMNITY REQUIRED**

This is necessary to enable the Trustee to accept requests by fax. If it is not completed, requests cannot be considered until the requested document bearing the original signature is received. Please tick just YES or NO. If YES, a signed, witnessed and dated fax indemnity letter in our standard format will be required.

Yes

No

**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 an authority letter for your signature from the details you provide. This authority will remain in force until cancelled.

Full Name

Address

Telephone

Facsimile

**SPECIAL REQUIREMENTS AND OTHER INFORMATION**

**PREFERRED VENUE FOR MEETINGS**

Isle of Man

London

Mauritius

Other

Of other, please specify

## MARKETING INFORMATION

Please assist us with some information for our Marketing Department:

### How did you hear about OCRA Worldwide?

- Internet Search
- Advertisement
- Telephone directory
- Lawyer/financial advisor/tax consultant
- A friend
- I am an existing client
- Other

If other, please specify

### Which of our advertisements have you seen?

- The Economist
- Aeroflot in-flight magazine
- Newsweek
- Financial Times
- British Airways inflight magazine
- Other

If other, please specify

## DECLARATION

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 OCRA Worldwide 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 OCRA Worldwide.
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)

Last updated: 4<sup>th</sup> May 2005