

TRUST  
QUESTIONNAIRE



**CAPCO TRUST**  
INTEGRITY & INDEPENDENCE

# PERSONAL QUESTIONNAIRE

## SETTLOR DETAILS

To be completed by the proposed Settlor of the trust following initial discussions with Capco Trust (See Note A)

Full Name:	Email Address:
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

Due diligence information in accordance with the schedule on page 12 & 13 of the questionnaire will be required.

If more than one settlor, please complete below:

## SETTLOR DETAILS

Full Name:	Email Address:
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

### Note A

If in a company and there are a number of proposed beneficial owners the same due diligence information needs to be provided for each, as detailed on pages 12 & 13.

## I. TRUST DETAILS

(a) For what purpose is the Trust being established?

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(b) Trust to be a Settlement

or

Declaration of Trust

(c) Is the trust to be discretionary or a life interest trust (namely will someone be entitled to income as of right)?

(d) Please specify if there is a preferred name for the Trust? e.g. Your name or a place name can be used.

(e) Governing Law of the Trust: Jersey/Other (please state):

## 2. BENEFICIARIES

### FIRST BENEFICIARY

Full Name:	Relationship to Settlor (if any):
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

### SECOND BENEFICIARY

Full Name:	Relationship to Settlor (if any):
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

### THIRD BENEFICIARY

Full Name:	Relationship to Settlor (if any):
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

## FOURTH BENEFICIARY

Full Name:	Relationship to Settlor (if any):
	Nationality:
Permanent residential address: including post code	Domicile: i.e. permanent home
	Date of birth:
	Place of birth:
	Occupation:
Telephone No:	Employer's Name if self-employed state nature of employment
Fax No:	

### Note B

The beneficiaries may be identified either by their names or as part of a class (e.g. the children of the settlor). Please specify any special requirements in section 6.

Please provide details of the proposed beneficiaries of the Trust (due diligence will be required on them in accordance with pages 12 & 13 before they can benefit from the Trust. In the case of minor beneficiaries, a copy of their birth certificate will be required.

Is the settlor or any beneficiary or immediate family members or close associates, high profile or have been entrusted with prominent public functions in a jurisdiction other than Jersey within:

- the executive, legislative, administrative, military or judicial branches of a government (elected or non elected);
- a major political party;
- a ruling royal family;
- international and supranational organisations; or
- a government owned corporation.

## 3. TRUST REQUIREMENTS

(a) From the individuals named in section 2, who will be the principal beneficiaries?

(b) Do you envisage that the principal beneficiaries will receive:

Capital

Income

Capital and Income

If so, please state at what time and in what proportions.

(c) In the event that all of the proposed beneficiaries die or cease to exist, who should be the ultimate beneficiary?

Heirs of the Settlor

Charity (please state preference)

Other (please state)

## 4. TRUST ASSETS

(a) Initial Trust Fund: please provide details of initial settled fund. This is usually a nominal sum, say £10.

(b) Additional Settled Funds: please provide full details of the further assets to be settled upon the Trust.

(c) If any assets are to be retained in the form in which they are settled and be dealt with under the specific instructions of the Settlor, please provide details, as the trust deed will have to be tailored to reflect this.

### Note C

If property other than cash is to be held by the Trust, please provide as much detail as possible. For private company shares, please give full details of activities, management, percentage holding and attach copy of latest financial statements.

## 5. INVESTMENT OF THE TRUST FUND

(a) Please provide guidance for the trustees on the desired investment of the trust fund, including details of the investment objectives, time horizon and any income requirements and any other relevant information.

(b) Please state if there is any preference for a specific investment advisor. If so, please give details.

## 6. ANY OTHER INSTRUCTIONS / INFORMATION

If there are any other requirements, please detail below:

## 7. TRANSFER OF EXISTING TRUST

If services are required for an existing trust, please state the name below and provide (on an attached sheet if required) as much detail as possible. Please explain why the current trustees are retiring. We will normally need to review the trust's records and the last three years' financial statements prior to accepting the trusteeship. Please authorise the existing administrators to release information and documentation to us.

## 8. FEES

Fees and terms and conditions as published will apply in all cases unless otherwise agreed in writing. Please indicate the invoice name and address, for billing purposes.

Name:

Address:

## 9. RELATIONSHIPS

(a) Do you have any relationship to any company or trust administered by the Capco Group?  
If so, please provide details

(b) How were you introduced to the Capco Group

## 10. DECLARATION BY THE SETTLOR(S)

The funds to be committed to the proposed trust/trust to be transferred, represent the proceeds of /were derived from:

And I/We declare that they are not derived from nor will they be derived from or otherwise connected with any illegal activities.

I/We declare that the information provided in this questionnaire is true and complete.

I/We declare that we have obtained appropriate tax advice relating to the creation of the proposed trust.

I/We hereby request Capco to instruct lawyers to prepare and review the first draft of a trust deed based on the details contained in this questionnaire. Furthermore, I/We agree to reimburse Capco for any legal costs, which may be incurred in this connection whether or not the trust is finally accepted by Capco or the Settlor.

Signature of Settlor:	Witnessed by:
Print Name:	Print Name:
	Address of Witness:
Date:	Occupation of Witness:
Signature of Settlor:	Witnessed by:
Print Name:	Print Name:
	Address of Witness:
Date:	Occupation of Witness:

## 11. CHECKLIST OF ATTACHMENTS (See Pages 11/12/13)

Certified copy of current valid passport for the Settlor(s)	<input type="checkbox"/>
Bank Reference request letter and details of professional referee for the Settlor	<input type="checkbox"/>
Certified copy of proof of address of the Settlor(s)	<input type="checkbox"/>
Certified copy of current valid passport for each adult beneficiary	<input type="checkbox"/>
Certified copy of proof of address of each adult beneficiary	<input type="checkbox"/>

# INSTRUCTION SHEET - DUE DILIGENCE DOCUMENTATION

The documents required are indicated by a tick in the appropriate boxes.

## I. Verification of identity.

Certified copy of either:

- Current valid passport
- National identity document (bearing photograph)
- Driving licence (bearing photograph)

Please note that the photocopied documentation must be clear and legible. If it is not possible to make a photocopy with a clear copy photograph, then an additional photograph must be attached to the photocopied document.

Certification must be done by:

- Lawyer
- Accountant (holding recognised professional qualification)
- Bank Manager (must be a director or a manager of an authorised financial institution)
- Commissioner for Oaths
- Notary Public
- Consular Authority (this should be of the country of issue of documentary evidence of identity)

Certification may also be done by a member of the Capco Group, providing this is by a Director or a Manager.

The certification must be in the following form of words:

I, ....., HAVING SEEN THE INDIVIDUAL AND THE IDENTIFICATION DOCUMENT AT THE SAME TIME, CERTIFY THAT THIS IS A TRUE COPY AND THAT THE PHOTOGRAPH IS A REASONABLE LIKENESS.

SIGNED: .....

NAME PRINTED: .....

CAPACITY: .....

DATED: .....

**It is preferable for the certification to be written on the copied identification document and not on this form.** However, if the certification is provided on a covering letter or document which is then attached to the copy identification document, then the covering letter must state the name and date of birth of the verification subject, the type of identification document it refers to and any serial number indicated on the identification document.

**2. Verification of address**   
**(required only if reference does not include full identity details – see below)**

**Original of either:**

- Recent (i.e. within the last 3 months) utility bill bearing residential address.  
Please note that mobile telephone bills are not acceptable under any circumstances.
- Most recent bank statement (from a recognized bank) bearing residential address
- Most recent credit card statement (from a recognized bank) bearing residential address
- Most recent mortgage statement from a recognized lender

Please note that if a reference is provided which includes the name, residential address and date of birth of the subject of the verification, then a separate verification of address will not be required.

**3. References**

Two references will be required, one from a reputable bank or other credit institution and the other from a professional such as a lawyer or accountant.

With regard to the bank or credit institution reference, please complete the attached forms and sign the Bank Reference Authority, as it is a requirement that we write directly for both references.

Please ensure that in both cases, the relationship has been established for at least two years.

## Contact Details of Relationship Manager/contact at branch for us to apply for the reference:

Name: .....

Position: .....

Bank: .....

Branch: .....

Address: .....

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Direct Email: .....

.....

Direct Telephone: .....

.....

.....

Direct Facsimile: .....

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**Form for reference to be sought**

**BANK REFERENCE AUTHORITY**

Date:

The Manager:

Name and address of your bank:

Dear Sir

**Account Name:**

**Account number:**

**Address:**

I/We authorise you to provide a bank reference to Capco Trust Jersey Limited, who will be in touch with you shortly.

Yours faithfully

\*delete as applicable