

**HELM TRUST COMPANY LIMITED**

**FOUNDATION CREATION / ADMINISTRATION SERVICES  
APPLICATION FORM**

**PLEASE NOTE THAT IN ACCORDANCE WITH ANTI MONEY LAUNDERING LAWS NEW BUSINESS CANNOT BE ACCEPTED BY ANY JERSEY TRUST AND COMPANY BUSINESS SERVICE PROVIDER UNTIL ALL REQUIRED DUE DILIGENCE HAS BEEN COMPLETED**

**UPON RECEIPT OF RESPONSES TO THIS APPLICATION FORM IT MAY BE NECESSARY TO REQUEST ADDITIONAL CLARIFICATION AND / OR SUPPORTING DOCUMENTATION**

**1. Name of Foundation:**

---

**2. Jurisdiction:**

Please specify the Jurisdiction where the Foundation is / is due to be incorporated:

---

**3. What are the main activities of the Foundation? If the Foundation has been set up for tax purposes, please give full details of the structure and benefits obtained and attach a copy of the advice received:**

---

---

---

**4. Client Identification:**

We are required to verify the identity of all Founders, Foundation Council Members, Guardians, Beneficiaries and External parties. Our requirements are detailed in the last two pages of this Application Form.

**5. Details of Founder(s) / Ultimate Client:**

*(Please photocopy this page before completion and use further copies if more than two Founder(s) / Ultimate Client)*

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

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

(If a PO Box, please provide a street or locator address) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Facsimile: Home \_\_\_\_\_ Office: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Percentage Interest in Foundation: \_\_\_\_\_ Passport Expiry: \_\_\_\_\_

**Please refer to the last two pages of this Application Form for full details of our Customer Due Diligence requirements**

**Details of Founder(s) / Ultimate Client:**

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

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

(If a PO Box, please provide a street or locator address) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Facsimile: Home \_\_\_\_\_ Office: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Percentage Interest in Foundation: \_\_\_\_\_ Passport Expiry: \_\_\_\_\_

**Please refer to the last two pages of this Application Form for full details of our Customer Due Diligence requirements**

**6. Details of Guardian(s):**

*(Please photocopy this page before completion and use further copies if more than two Guardian(s))*

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

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

\_\_\_\_\_  
(If a PO Box, please provide a street or locator address) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Facsimile: Home \_\_\_\_\_ Office: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

\_\_\_\_\_  
Passport Expiry: \_\_\_\_\_

**Please refer to the last two pages of this Application Form for full details of our Customer Due Diligence requirements**

**7. Source of Wealth:**

Please explain in **full** how the total net worth of the Founder(s) / Ultimate Client was generated. If funds are from family wealth please provide details of how this wealth was generated. In the case of earnings please provide details of the level of wealth accumulated during this employment / occupation. Please include the geographical sphere of the activities which have generated the wealth and attach supporting documentation if available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Source of Funds:**

Please provide **full** details of the origin of funds to be added to the Foundation. Please include specific details regarding the type and geographical location of these assets and bank accounts to be transferred into the Foundation. Please attach supporting documentation if available:

\_\_\_\_\_  
\_\_\_\_\_

---

---

**9. In what jurisdiction(s) will the activities of the Foundation take place?**

---

---

---

**10. Reason for using Jersey as an offshore jurisdiction for Foundation administration services:**

Please provide the reason why Jersey was / has been chosen as an offshore jurisdiction for the Foundation:

---

---

---

**11. Please provide an indication of the type of transactions, the value of transactions and the volume of activity expected over a year:**

Type: \_\_\_\_\_

Value: \_\_\_\_\_

Volume: \_\_\_\_\_

**12. Services to be provided:**

*Our domiciliary fee covers the provision of the following services:*

- Foundation Council
- Guardian
- Registered / Administrative Office

Day to day administration is charged on top of the above domiciliary fee, unless otherwise specified.

It is our normal policy only to accept Foundation when we are the full Foundation Council Members. If in special circumstances you wish additional Foundation Council Members to be appointed alongside of our in-house Foundation Council please complete the details below for each proposed appointee:

**Details of additional Foundation Council Member(s):**

*(Please photocopy this page before completion and use further copies if more than one Foundation Council Member to be appointed)*

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

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

(If a PO Box, please provide a street or locator address) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_

Facsimile: Home \_\_\_\_\_ Office: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Passport Expiry: \_\_\_\_\_

**Please refer to the last two pages of this Application Form for full details of our Customer Due Diligence requirements**

**13. Address for Correspondence:**

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

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

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

**14. Accountancy / Audit:**

Our standard service includes bookkeeping and the preparation of annual financial statements, unless otherwise specified. ***Please note however, that this work is not covered by our annual domiciliary fee and will be separately charged for on a time spent basis.*** Accounting records are a requirement of Jersey Law.

The appointment of Auditors for any jurisdiction can be arranged if required, ***but this is not a legal requirement for Jersey or for most other offshore jurisdictions.***

Is any particular financial year end required	YES / NO * (* Delete as applicable)
If yes, please specify	
Audited accounts required	YES / NO * (* Delete as applicable)

**15. Your preferences (if any) for the choice of bankers, tax advisers, investment advisers, lawyers or other professional advisers:**

Bankers: \_\_\_\_\_

\_\_\_\_\_

Tax advisers: \_\_\_\_\_

\_\_\_\_\_

Stockbrokers / investment advisers: \_\_\_\_\_

\_\_\_\_\_

Lawyers:

\_\_\_\_\_

\_\_\_\_\_

Other advisers: \_\_\_\_\_

\_\_\_\_\_

**16. Bankruptcy and Other Information:**

Have any of the Founders / Foundation Council Members / Guardians / Ultimate Clients / External associated parties been declared bankrupt in any part of the world?	YES / NO *
Have any of the Founders / Foundation Council Members / Guardians / Ultimate Clients / External associated parties been concerned with the management of any company which has been the subject of an insolvent liquidation or judicial enquiry?	YES / NO *
Are any of the Founders / Foundation Council Members / Guardians / Ultimate Clients / External associated parties aware of any claims, existing or potential, in relation to personal creditors?	YES / NO *
Have any of the Founders / Foundation Council Members / Guardians / Ultimate Clients / External associated parties ever been convicted of any	YES / NO *

criminal offence or been subject to an investigation of whatever nature anywhere in the world?	
Do any of the Founders / Foundation Council Members / Guardians / Ultimate Clients / External associated parties or their immediate family members hold any Government, Civil Service or senior Military position or consider that they are a Politically Exposed Person?	YES / NO *
(* Delete as applicable)	
If the answer to any of the above is YES, please provide full details below:	

---



---



---



---

**17. Declaration:**

I / We \* confirm that:

- a. the Founders / Ultimate Clients have taken or are taking such legal, tax, exchange control or other professional advice appropriate to the setting up of this Foundation;
- b. I / We \* understand Helm Trust Company Limited are not tax consultants and they are not able to provide tax advice;
- c. the provision of foundation management services by Helm Trust Company Limited are subject to the standard terms and conditions and fee scales in force from time to time, a copy of which I / we \* have received, read and understood;
- d. the information provided in this application form and on any attachments is true and accurate to the best of my / our \* knowledge and belief; and
- e. the Foundation will not be used for any criminal activity (*including tax fraud or insider dealing*) or money laundering purposes contrary to any applicable legislation.

**I / We \* further confirm that I am / we \* are acting for myself / ourselves \* as your client and not as a nominee for any undisclosed third party.**

(\* Delete as applicable)

**SIGNED** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**PRINT  
NAME** \_\_\_\_\_

**PRINT  
NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_

If not signed by the Founder / Ultimate Client, please state in what capacity.

## HELM TRUST COMPANY LIMITED

### NOTES TO CLIENTS ON DUE DILIGENCE REQUIREMENTS

Jersey prides itself on its position as one of the most respected of the Offshore Jurisdictions. In order to maintain this position and to keep in line with more stringent “know your client” regimes throughout the world we are required by our Regulators to keep records on all clients and the transactions that are undertaken by them or on their behalf. Only in this way can we help to ensure that the Island is not used for money laundering.

The purpose of this note is to explain what is required in the way of documentation. We apologise for those situations where we need to request information from clients who have been known to us for a long time, but I am afraid there is no substitute for holding the necessary documentation on file. **IF COMPLETE AND SATISFACTORY DUE DILIGENCE DOCUMENTATION IS NOT FORTHCOMING THEN WE ARE NOT ABLE TO CONTINUE WITH THE BUSINESS RELATIONSHIP.**

#### WHO DO WE NEED TO DILIGENCE?

##### FOUNDATIONS

We are required to carry out diligence on all of the following persons:

Founder

Guardian / Enforcer

External Foundation Council Members

Beneficiaries

Any other external party

#### WHAT IS REQUIRED FOR EACH OF THE PARTIES?

**A copy of your passport or identity card.** If this is not handed to us at a face to face meeting, then the copy must be certified by a professional person such as a Notary, Lawyer, Accountant, Doctor, Bank Official, Police Officer or Government Official, **who must also confirm that the photograph is a true likeness.** The certifier should also add their official stamp with their contact details. **FOR EASE OF VERIFICATION A FORM HAS BEEN SUPPLIED BELOW WHICH CAN BE COMPLETED AND ATTACHED TO THE DOCUMENTS BEING VERIFIED.**

**Evidence of your address.** Please supply original or certified copies of two recent utility bills that show your address. The bills should be from different providers e.g. an electricity and a telephone (non mobile) bill. If two utility bills are not available then one utility bill and a bank statement will be acceptable. The documents must not be more than three months old. **THE DOCUMENTS MUST PROVIDE EVIDENCE OF THE PHYSICAL ADDRESS AT WHICH YOU ARE RESIDENT. A DOCUMENT SHOWING ONLY A P.O. BOX ADDRESS IS NOT SUFFICIENT.**

#### ADDITIONAL DOCUMENTATION

We require the principal client (i.e. the founder or ultimate client) to complete all parts of our standard application form and in particular those questions on the source of funds. Should Helm Trust Company Limited agree to accept the business once all due diligence procedures have been completed then we will send you a letter setting out our terms of engagement on which basis the business will be carried out. It is not necessary for you to sign our letter of engagement. Your continuing instructions to Helm Trust Company Limited will constitute your acceptance. We apologise for any inconvenience caused and would appreciate your assistance in providing the necessary documentation at an early stage to prevent additional costs being incurred in obtaining the information.

## HELM TRUST COMPANY LIMITED

### COVER SIGN-OFF FORM FOR VERIFIERS OF DILIGENCE

IMPORTANT

THIS FORM CAN BE PRINTED AND ATTACHED TO THE DOCUMENTS BEING VERIFIED.  
BUT **THE VERIFIER MUST ALSO SIGN AND DATE THE DOCUMENT BEING VERIFIED**

Name of person being verified: \_\_\_\_\_

Items being verified: \_\_\_\_\_

\_\_\_\_\_

I confirm that I have seen the originals of the attached documents, which I have signed and dated as verified.

I confirm that these copies are true and complete copies of the original documents and I confirm that where applicable the photograph contained in the document bears a true likeness to the named individual.

Signed : \_\_\_\_\_

**PLEASE ALSO SIGN AND DATE THE  
DOCUMENT BEING VERIFIED**

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

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

Qualification: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office stamp: