

HELM TRUST COMPANY LIMITED

**TRUST 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 Trust:

2. Type of Trust: (please tick as applicable)

- (i) Settlement or Declaration of Trust
(ii) Irrevocable or Revocable
(iii) Discretionary or Life Interest / Successive Life Interest
(iv) with Protector or without Protector

3. Client Identification:

We are required to verify the identity of all Settlers / Ultimate Clients, Beneficiaries, Protectors, co-Trustees. Our requirements are detailed in the last two pages of this Application Form.

4. Details of Settlor / 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: _____

Passport Expiry: _____

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

5. Source of Wealth:

Please explain in **full** how the total net worth of the Settlor(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:

6. Source of Funds:

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

7. Explain in detail the purpose of the Trust. If the Trust 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:

8. Reason for using Jersey as an offshore jurisdiction for Trusteeship:

Please provide the reason why Jersey has been chosen as an offshore jurisdiction for the Trust:

9. Trustee:

Helm Trust Company Limited

Co-Trustee (if applicable) _____

10. 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: _____

11. Details of Protector (if any):

Full Name: _____

Residential Address: _____

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

Telephone: _____ Facsimile: _____

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 Client Due Diligence requirements

Powers where consent of Protector is required? e.g. appointment of new Trustees, discretionary distributions etc.

Who has the power to appoint a new Protector: _____

12. Details of Beneficiaries (please photocopy this page before completion and use further copies for additional Beneficiaries if required):

Full Name: _____

Residential Address: _____

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

Telephone: _____ Facsimile: _____

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 Client Due Diligence requirements

Details of Beneficiaries continued:

Full Name: _____

Residential Address: _____

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

Telephone: _____ Facsimile: _____

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 Client Due Diligence requirements

Details of Beneficiaries continued:

Full Name: _____

Residential Address: _____

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

Telephone: _____ Facsimile: _____

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 Client 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.*

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. The Settlor's 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:

Has the proposed Settlor/ spouse of the Settlor / associated parties such as the Protector, Beneficiaries, co-Trustees ever been declared bankrupt in any part of the world?	YES / NO *
Has the proposed Settlor / spouse of the Settlor / associated parties such as the Protector, Beneficiaries, co-Trustees 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 Settlor / spouse of the Settlor / associated parties such as the Protector, Beneficiaries, co-Trustees aware of any claims, existing or potential, in relation to personal creditors?	YES / NO *
Has the proposed Settlor / spouse of the Settlor / associated parties such as the Protector, Beneficiaries, co-Trustees ever been convicted of any criminal offence or been subject to an investigation of whatever nature anywhere in the world?	YES / NO *
Does the Settlor / spouse of the Settlor / associated parties such as the Protector, Beneficiaries, co-Trustees 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. I / We * have taken or are taking such legal, tax, exchange control or other professional advice appropriate to the setting up of this Trust;
- 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 any trust or company 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 Trust 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.

Signature of Settlor(s) / Ultimate Client(s)

Print Name(s):

Date:

If not signed by the Settlor / 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?

TRUSTS

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

Any settlor (any person who adds assets to the settlement regardless of whether they are named in the deed)

Any principal beneficiary (i.e. a person who has a life interest)

Any other beneficiary before a payment can be made to them.

A protector with power to direct, influence or guide the Trustees.

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 settlor 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: