STEADFAST CORPORATE SERVICES

Application form – Trust Formation

Please complete each section of this Application Form, sign it and then return by email, fax or post to:

Steadfast Corporate Services 19A Town Range, PO Box 872, Gibraltar

Telephone: + 350 200 77750 Facsimile: + 350 200 77800 Email: admin@steadfast.gi

Please note that applicable due diigence and "know your client" regulations (see Appendix C below) require that certain documents are provided to us. We cannot commence work until the required documents have been received by us.

This Application has the following Appendices attached:

A Details of applicant, Settlor, Beneficiaries, Protector

- B Not applicable
- C Client identification requirements
- G Engagement letter

(1) APPLICANT

Please complete Appendix A for the person(s) making application for this proposed Trust

(2) PROPOSED TRUST

Jurisdiction of formation		GIBRALTAR
PROPOSED TRUST	NAME	
First Choice		
Alternative One		
Alternative Two		
TYPE OF TRUST		

Unless otherwise provided, we will provide advice on the type of trust required based on the information provided below.

PURPOSE OF TRUST

We need detailed information about what the Trust will be used for, types of assets to be settled, types of investment to be held, purpose and frequency of distributions:

HOW WILL THE TRUST BE FUNDED?

Please describe the source of the funds that will be used to finance the Trust and any underlying companies and attach any applicable supporting documentation. This should include the source of the initial Trust Fund and any intended subsequent additions.

(3) SETTLOR, BENEFICIARIES AND PROTECTOR

Please provide details of who will be the Settlor, Beneficiaries and Protector of the Trust and complete Appendix A for each such person.

Do you require us to provide Professional Trustee Services?			Yes	No	
	Please inser	Please insert "YES" to appropriate boxes below			
Names (Appendix A for each)	Settlor	Beneficiary	Protector	Trustee (other than Steadfast)	
Example: Mr John Smith	Yes	Yes	Yes	Yes	
(1)					
(2)					
(3)					
(4)					
(4) ACCOUNTS					
Do you require us to prepare Annual Trust Accounts?			Yes	No	
(5) OTHER DETAILS					

Please provide any further information which may be relevant.

Please provide the address to	which correspondence and invoices
should be sent:	

Name

Company name

Address

(9) DECLARATION

- 1. I/we understand that I/we may have an obligation to report my/our interest in the Trust in personal tax returns and that income of the Trust may be imputed to me/us; I/we will take advice on and comply with my/our own legal obligations in this respect.
- 2. I/we undertake that the Trust and any underlying companies will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
- 3. I/we have never been convicted of nor investigated in connection with any criminal offence (other than a minor motoring offence) nor have I/we ever been declared insolvent or bankrupt or the subject of an investigation by any governmental, professional or other regulatory or statutory body.
- 4. I/we permit you to undertake such enquiries about me/us as you consider necessary.

Today's Date	
Name	
Signature	

OFFICE USE ONLY – Source of Introduction					
Face to Face		Existing Client		Eligible Introducer	
Professional Introducer		Other Introducer		Other (provide details below)	
Please describe the source of the intro	oducti	on giving the name and address of	the introdu	ucer and details of any face to face meetir	ng.