



Trust Formation Application Form

SECTION 1: Trust Details

A. Name Choice for Proposed Trust or Settlement:

1 st Choice:	<input type="text"/>
Alternatives:	<input type="text"/>
	<input type="text"/>

SECTION 2. Personal Details

A. Personal Details for Client/Principal:

Title:	<input type="text"/>	(Mr/Mrs/Miss/Ms)	Marital Status:	<input type="text"/>
Surname:	<input type="text"/>		Country of Residence:	<input type="text"/>
Other Names:	<input type="text"/>		Country of Domicile of Origin:	<input type="text"/>
Date of Birth:	<input type="text"/>		Country of Domicile of Choice:	<input type="text"/>
Nationality:	<input type="text"/>		Occupation:	<input type="text"/>
Place of Birth:	<input type="text"/>		Present Employers:	<input type="text"/>

B. Home Contact Details:

Main Home Address:	<input type="text"/>	Post Code:	<input type="text"/>
	<input type="text"/>	Country:	<input type="text"/>
Home Telephone:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Email:	<input type="text"/>		

C. Correspondence/Work Contact Details (if different from above):

Address:	<input type="text"/>	Post Code:	<input type="text"/>
	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Email:	<input type="text"/>		

Please note here any preference or restrictions as regards communication:

D. Passport Details:

International Passport No:	<input type="text"/>	Passport Issuing Authority:	<input type="text"/>
Date of Issue:	<input type="text"/>	Date of Expiry :	<input type="text"/>

This Passport Number is the series of numbers and letters that typically appear at the top right hand corner of the passport.

SECTION 3: Business/Professional Background

A. Brief Business Background of Client/Principal:

Please also provide details of the ultimate source(s) of funds/assets to be introduced to the trust:

Please note that we may seek documentary confirmation of the ultimate source(s) of funds/assets both initially and subsequently introduced into the trust and we reserve the right to request such confirmation at any time.

B. Details of the Source(s) of the Wealth of Client:

Please provide details of the source(s) of your wealth and how it was accumulated:

Please note that we may seek documentary confirmation of the ultimate source(s) of wealth and we reserve the right to request such confirmation at any time.

SECTION 4: Financial Requirements

Bankers & Professional Advisers

	Principal Banker	Accountant	Lawyer	Investment Advisor
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5 : Type of Trust

A. Type of trust: Please tick box

Revocable	<input type="checkbox"/>
Irrevocable	<input type="checkbox"/>
Discretionary	<input type="checkbox"/>
Non-Discretionary	<input type="checkbox"/>

B. Declaration of Trust. Full description of the dominant purpose of the trust:

Please note what it will do, how it will do it, how often, with whom and the countries in which it will be active. Where details are not yet known, please provide best estimates.

SECTION 6: Beneficiaries Details

A. First Beneficiary Details:

Title:	<input type="text"/>	Main Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Other Names:	<input type="text"/>	Post Code:	<input type="text"/>
Date of Birth:	<input type="text"/>	Country:	<input type="text"/>
Nationality:	<input type="text"/>	Telephone:	<input type="text"/>
Place of Birth:	<input type="text"/>	Email:	<input type="text"/>
Occupation:	<input type="text"/>	Passport Number:	<input type="text"/>
Relationship to Settlor:	<input type="text"/>	Note that we may request further formation and documentation on each beneficiary:	
Benefit:	<input type="text"/>		

B. Second Beneficiary Details:

Title:	<input type="text"/>	Main Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Other Names:	<input type="text"/>	Post Code:	<input type="text"/>
Date of Birth:	<input type="text"/>	Country:	<input type="text"/>
Nationality:	<input type="text"/>	Telephone:	<input type="text"/>
Place of Birth:	<input type="text"/>	Email:	<input type="text"/>
Occupation:	<input type="text"/>	Passport Number:	<input type="text"/>
Relationship to Settlor:	<input type="text"/>	Note that we may request further formation and documentation on each beneficiary:	
Benefit:	<input type="text"/>		

C. Third Beneficiary Details:

Title:	<input type="text"/>	Main Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Other Names:	<input type="text"/>	Post Code:	<input type="text"/>
Date of Birth:	<input type="text"/>	Country:	<input type="text"/>
Nationality:	<input type="text"/>	Telephone:	<input type="text"/>
Place of Birth:	<input type="text"/>	Email:	<input type="text"/>
Occupation:	<input type="text"/>	Passport Number:	<input type="text"/>
Relationship to Settlor:	<input type="text"/>	Note that we may request further formation and documentation on each beneficiary:	
Benefit:	<input type="text"/>		

For more Beneficiaries, please provide details on a separate sheet.

D. Un-named Beneficiaries

In the case of a Discretionary Trust, where the beneficiaries are not identified personally, but by a class, give the description of the class as you wish it to be included in the Trust Deed:

E. If you wish a specific charity or entity to be included as an ultimate default beneficiary, provide details below:

Contact Name:	<input type="text"/>	Main Address:	<input type="text"/>
Organisation:	<input type="text"/>	Postal Code:	<input type="text"/>
Description:	<input type="text"/>	Country:	<input type="text"/>
		Email:	<input type="text"/>
		Telephone:	<input type="text"/>
		Mobile:	<input type="text"/>
		Fax:	<input type="text"/>

SECTION 7: New Trustees

Who should appoint new Trustees? (Consider whole life of Trust)

RETIRING TRUSTEE

OTHER

If other, please provide details:

SECTION 8: Governing Law

Which jurisdiction do you wish for the application of proper law and submission to the Courts?

SECTION 9: Appointment of a Protector

A. Do you wish a Protector to be appointed?

YES NO

If so provide the following details

Title:	<input type="text"/>	Main Address:	<input type="text"/>
Surname:	<input type="text"/>	Post Code:	<input type="text"/>
Other Names:	<input type="text"/>	Country:	<input type="text"/>
Date of Birth:	<input type="text"/>	Residence (Tax purposes)	<input type="text"/>
Nationality:	<input type="text"/>	Email:	<input type="text"/>
Place of Birth:	<input type="text"/>	Telephone:	<input type="text"/>
Passport Number:	<input type="text"/>	Mobile	<input type="text"/>
Occupation:	<input type="text"/>	Facsimile	<input type="text"/>

Note that we may request further formation and documentation on the Protector:

B. Corporate Protector:

Name:	<input type="text"/>
Registered office address:	<input type="text"/>
Occupation:	<input type="text"/>

C. Please state Protector clauses:

D. Who should appoint a Protector? (Consider whole life of Trust)

THE TRUSTEE OTHER

If other, please provide details:

SECTION 10: Settlor Details

A. Details of Settled Property

B. Any other special considerations:

A. Settlor:

Title:		Main Address:	
Surname:			
Other Names:		Post Code:	
Date of Birth:		Country:	
Nationality:		Telephone:	
Place of Birth:		Email:	
Occupation:		Passport Number:	

B. Corporate Settler:

Name:	
Registered office address:	
Occupation:	

C. If this form is not being completed by the Settlor, please state your relationship to them to include the duration:

D. Initial Settled Funds:	
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SECTION 11. Bank Details

Preferred Bank:	<input type="text"/>	Main Address:	<input type="text"/>
Contact Name/s:	<input type="text"/>	Postal Code:	<input type="text"/>
Contact Details:	<input type="text"/>	Country:	<input type="text"/>
Type of account:	<input type="text"/>	Email:	<input type="text"/>
Currency:	<input type="text"/>	Telephone:	<input type="text"/>
Expected Volume and activity:	<input type="text"/>	Mobile:	<input type="text"/>
Estimated number of credits (with amounts)	<input type="text"/>	Fax:	<input type="text"/>
Estimated number of debits (with amounts)	<input type="text"/>	Reason for bank advice:	<input type="text"/>
Signatories:	<input type="text"/>		

SECTION 12: Related Trust/Entities

<p>Please list here any Trusts or other entities (including companies) that are or will be related to this Trust, whether by common ownership (direct or indirect) or control (attach an organogram if complex and/or draw a structure chart here)</p>	Structure:
<input type="text"/>	<input type="text"/>

SECTION 13: Establishment Rationale:

Please detail the reasons for wanting to establish this structure (e.g. estate planning/asset protection etc)

SECTION 14: Financial Advice

Has advice been provided as regards the establishment and/or investment in and/or operation of this Trust?

YES NO

If advice has been obtained, please provide details below of all persons from whom you have received advice, including the name of the professional advisor and a copy of their written report if available.

	Person/ Entity Receiving Advice	Name of Advisor	Copy of written advice enclosed?
Tax:			<input type="radio"/> YES <input type="radio"/> NO
Legal:			<input type="radio"/> YES <input type="radio"/> NO
Financial:			<input type="radio"/> YES <input type="radio"/> NO
Other:			<input type="radio"/> YES <input type="radio"/> NO

Please note further details on a separate sheet.

If not, it is highly recommended that arrangements are made to consult an advisor.

SECTION 15: Billing Details

a. Trust Formation:	N
b. Annual Fee:	N
c. Cost of SPV:	N
d. Other:	N

SECTION 16: Client Due Diligence

16.1. For an Individual:

a. One current document evidencing identity:

- International Travel Passport (preferred evidence)

- Armed forces identity card
 - Driving licence bearing photograph and signature
 - Government issued National Identity card bearing photograph and signature
- b. One document evidencing residential address (any of the following not more than three months old):
- Utility Bill (preferred evidence)
 - Bank / Building Society / Credit Card Statement
 - Recent mortgage statement from a recognised lender
 - Tenancy agreement
- c. One original reference:
- Professional/Bank references must be on official letter headed paper and addressed to ARM Trustees Limited, 1 Mekunwen Road, Ikoyi, Lagos, Nigeria.

We cannot receive references from certain countries and a list of unacceptable territories is available on request

16.2. For a Company:

Where the Settlor of the Trust is a corporate body, the following documentation is required, together with 16.1.a to 16.1.c above:

- a. Certificate of Incorporation and any certificate on change of name (certified true copies)
- b. Details of the registered office and place of incorporation
- c. Memorandum and Articles of Association (certified true copies)
- d. List of directors, shareholders and beneficial owners
- e. Copy of the latest Accounts (certified true copies)

16.3. For a Trust/Settlement/ Foundation:

Where the Settlor of a Trust is another Trust, Settlement or Foundation, the following documentation is required together with 16.1.a to 16.1.c above:

- a. Trust/Settlement/Foundation Deed showing names of the trustees, date of and signature pages (certified true copy)
- b. In relation to all Trustees, the information/documentation at 16.1.a and 16.1.c above
- c. In relation to the Settlor, the information/documentation at 16.1.a to 16.1.c above

- d. In relation to the Protector, if any, the information/documentation at 16.1.a and 16.1.c above
- e. Confirmation that there are no anonymous Principals
- f. Nature and purpose of the Trust, and level of activity
- g. Copy of the latest Accounts, if any (certified true copies)

*NOTE: A certified copy is a copy of an original document which has been certified as a true copy by a Lawyer, Notary Public or Commissioner for Oaths, or Chartered Accountant. Each certification should include:

- The words certified as a true copy of the original
- Date the Certification was made
- Signature of the certifying officer
- Name, address and occupation of the certifying officer legibly printed below the signature

SECTION 17: Declaration

I, the undersigned, declare and affirm to you that:

- a. Such funds and/or property as I may introduce to you initially and in future will be from lawful sources and will not represent either directly or indirectly, in whole or in part the proceeds of any form of criminal conduct. I also agree to provide you with source of funds documentation as you may require at any time in the future.
- b. That I have taken the appropriate fiscal and other professional advice on the legality of the structure to be administered by you and the settlement of funds/property into the structure.
- c. That I will discharge any and all of my fiscal obligations by making all necessary representations to the relevant fiscal authorities, truthfully.
- d. That I have never been declared bankrupt, that I am solvent at the time of making this declaration and that I will not be insolvent or bankrupt after settling my funds/property with you.
- e. That if at any stage during my relationship with you I am rendered insolvent or declared bankrupt or I contemplate entering into a voluntary arrangement with my creditors, I will notify you in writing immediately.
- f. That such funds/property as I will settle with you either now or in the future will be free from any restraint, mortgage or any other form of legal encumbrance including any encumbrance prescribed by equity, unless otherwise notified to you in writing by me.
- g. That I agree with your fees for the provision of the services that I have requested of you and that I will ensure you are paid such fees, whether from the assets of the Trust or otherwise.
- h. That all of the information provided herein is true and to the best of my knowledge and belief at the time of submission and that there are no other facts of which ARM Trustees Ltd should be aware.

I also authorise you to take up such references and to conduct such due diligence as you deem to be appropriate.

Signature of Client:

Name of Client:

Date:

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SECTION 18: DOCUMENT CHECKLIST (For Official Use Only)

- PASSPORT PHOTOGRAPH
- COPY OF PICTUREPAGE OF INTERNATIONAL PASSPORT OR OTHER EVIDENCE OF IDENTITY
- PROOF OF PERMANENT RESIDENTIAL ADDRESS(e.g utility bill, lease agreement etc)
- PROFESSIONAL/BANKREFERENCE(Confirming address & indicating satisfactory business relationship)
- DETAILS OF NATURE AND SOURCE(OF WEALTH

ALL THE ABOVE DOCUMENTS SHOULD ACCOMPANY THIS FORM

ARM Trustees Limited
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Tel: 01 271 5000 | 0909 997 6779

Email: info@armtrustees.com

www.armtrustees.com

ARM Trustees, a wholly owned subsidiary of
ARM Traditional Asset Management Company Limited.

