



(g) **Business Referees**

(i) Name \_\_\_\_\_  
Firm's name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_

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

(ii) Name \_\_\_\_\_  
Firm's name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

3. **PROFESSIONAL ADVISORS**

(i) **Attorney** \_\_\_\_\_

Name \_\_\_\_\_  
Firm's name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

(ii) **C.P.A.** \_\_\_\_\_

Name \_\_\_\_\_  
Firm's name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

(iii) **Bankers** \_\_\_\_\_

Name \_\_\_\_\_

Firm's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**NOTE** If you wish the trustees to communicate directly with all or any of these Professional Advisors in relation to the trust, please indicate this for each PA: Do Not Communicate; Trustee is Allowed to Communicate.

**4. BACKGROUND FINANCIAL INFORMATION**

- (a) Please annex to this form a copy of your most recent Federal and State Tax Return or the equivalent .
- (b) Please annex to this form a list of all your assets including estimated valuation current to the date hereof.
- (c) Please annex to this form a list of all debts (in excess of USD10,000.00) current to the date hereof. Included in that list should be details of any pending claims, lawsuit, contingent liabilities such as indemnities or guarantees. In respect of any legal proceedings please supply copies of the same.

**5. ASSETS INTENDED TO BE TRANSFERRED INTO THE TRUST OR HOLDING COMPANY:**

- (a) **General description, including valuation and source of assets to be transferred to the Trust.**

Description of Real or Personal Property	Value	Is the Asset Free & Clear of Debt?	Amount of Debt

(b) **Details of any corporate or other entity, which the Trust will own or have an interest in, and the nature of the business, which the entity will be engaged in. If company is to be incorporated please complete a company formation request form**

Name \_\_\_\_\_

Type of entity \_\_\_\_\_

Principals \_\_\_\_\_

Value of the interest to be held by the Trust

\_\_\_\_\_

Nature \_\_\_\_\_ of \_\_\_\_\_ Business

\_\_\_\_\_

\_\_\_\_\_

6. **DETAILS OF INTENDED BENEFICIARIES OF THE TRUST**

(a) i) Name: \_\_\_\_\_

ii) Occupation: \_\_\_\_\_

iii) Address: \_\_\_\_\_

\_\_\_\_\_

iv) General Financial Status: \_\_\_\_\_

v) State of Health: \_\_\_\_\_

vi) Date of Birth: \_\_\_\_\_

vii) Marital Status: \_\_\_\_\_

(b) i) Name: \_\_\_\_\_

ii) Occupation: \_\_\_\_\_

iii) Address: \_\_\_\_\_

\_\_\_\_\_

iv) General Financial Status: \_\_\_\_\_

v) State of Health: \_\_\_\_\_

vi) Date of Birth: \_\_\_\_\_

vii) Marital Status: \_\_\_\_\_

- (c) i) Name: \_\_\_\_\_
- ii) Occupation: \_\_\_\_\_
- iii) Address: \_\_\_\_\_  
\_\_\_\_\_
- iv) General Financial Status: \_\_\_\_\_
- v) State of Health: \_\_\_\_\_
- vi) Date of Birth: \_\_\_\_\_
- vii) Marital Status: \_\_\_\_\_

- (d) i) Name: \_\_\_\_\_
- ii) Occupation: \_\_\_\_\_
- iii) Address: \_\_\_\_\_  
\_\_\_\_\_
- iv) General Financial Status: \_\_\_\_\_
- v) State of Health: \_\_\_\_\_
- vi) Date of Birth: \_\_\_\_\_
- vii) Marital Status: \_\_\_\_\_

7. **SHOULD ANY PERSON BE EXCLUDED FROM BECOMING A BENEFICIARY. (IF YES PLEASE SUPPLY THE DETAILS)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If there are more beneficiaries then attach details to this form).

8. **DETAILS OF PROTECTOR (IF ANY)**

Name:

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Occupation:

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Address:

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Tel. No.

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Fax No.

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Email:

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Relationship to Settlor:

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9. **THE TRUSTEE WILL BE SHRM TRUSTEES (BVI) LIMITED UNLESS OTHERWISE SPECIFIED**

Specify Other:

10. **WILL THE TRUST DOCUMENT BE SIGNED BY THE SETTLOR OR WILL THE TRUSTEE  
DECLARE THE TRUSTS?**

11. **ARE THERE ANY RELATED TRUSTS OR OTHER TRUSTS CREATED BY THE SETTLOR?**

**12. DETAILS OF CO-TRUSTEES (if any)**

Name:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No.

\_\_\_\_\_

Fax No.

\_\_\_\_\_

Email:

\_\_\_\_\_

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

(If co-trustee is a body corporate or partnership)

Signed ..... Date.....  
(Settlor)

Signed ..... Date.....  
(Settlor)

**AFFIDAVIT AS TO SOLVENCY, TAX COMPLIANCE AND MONEY LAUNDERING**

The undersigned, \_\_\_\_\_, of \_\_\_\_\_, of who being first duly sworn upon oath, deposes and states as follows:

1. No particular event and/or transaction has occurred which I expect will develop into a controversy or problem with any creditor in the future.
2. There are no pending or threatened claims or lawsuits against me. I am not named Defendant in any lawsuit or involved in any administrative proceedings as of this date.
3. I do not contemplate filing for bankruptcy or relief or similar proceedings in any jurisdiction, nor am I involved in any situation that I reasonably anticipate would cause me to file any such proceedings in the future.
4. Following any transfer of my property at this time completed or contemplated to the [trust/company (as appropriate) ] I was or in the case of contemplated transfers will be solvent and able to pay my reasonably anticipated debts as they come due from the balance of my property after such transfer.
5. I, being a [PLEASE STATE HERE what residence, citizenship and domicile you hold] hereby certify that I have taken appropriate tax advice and will comply with all my tax reporting and compliance requirements in relation to this [PLEASE ADD HERE the name of the trust or company (as appropriate) ] in [PLEASE ADD HERE the names of the countries in which you are a resident, citizen or in which you are domiciled ]
6. I have read and understand the Money Laundering Control Memorandum attached hereto and confirm and represent that none of the assets which I have or may transfer or any corporation in which I am either the beneficial owner or hold a controlling interest has or may transfer to the trust have been derived from any of the activities specified in such Memorandum.

\_\_\_\_\_  
[name]

SUBSCRIBED AND SWORN to before me, a Notary Public in \_\_\_\_\_, by \_\_\_\_\_, this day of \_\_\_\_\_, 20\_\_.

Witness my hand and official seal.

Notary Public

My Commission Expires:

My Address is:

[PLEASE HAVE the Notary Public or other person authorised to swear affidavit witness this affidavit in accordance with their usual procedures.]



## **MONEY LAUNDERING CONTROL MEMORANDUM**

The specified activities consist of drug-trafficking offenses and financial misconduct. Drug-trafficking offenses include the manufacture, importation, sale, or distribution of controlled substances; the commission of acts constituting a continuing criminal enterprise; and transportation of drug paraphernalia.

Covered financial misconduct includes the concealment of assets from a receiver, custodian, trustee, marshal, or other officer of the court, from creditors in a bankruptcy proceeding; the making of a fraudulent conveyance in contemplation of a bankruptcy proceeding or with the intent to defeat any bankruptcy law; the giving of false oaths or claims in relation to a bankruptcy proceeding; bribery; the giving of commissions or gifts for the procurement of loans; theft, embezzlement, or misapplication of bank funds or funds of other lending, credit, or insurance institutions; the making of fraudulent bank or credit institution entries or loan or credit applications; and mail, wire, or bank fraud or bank or postal robbery or theft.

Other specified activities include counterfeiting, espionage, kidnapping or hostage-taking, copyright infringement, entry of goods by means of false statements, smuggling, removing goods from the custody of Customs officials, illegally exporting arms.