



Carib Trust Ltd. P.O Box 899, Basseterre, St Kitts.
Tel: 1-869-662-2335 Fax: 1-869-465-9952 Email: CaribTrustLtd@gmail.com.

Dear Prospective Client

Please find attached the required forms to be completed for consideration by CaribTrust Ltd for the provision of Trust Services. Additionally, to assist us with the conduct of the required due diligence to ensure compliance with the Anti Money Laundering and Anti - Terrorism Laws of the Federation of St Christopher and Nevis, the following documents in the form stipulated must be provided:

(1) Documents to be provided by each Individual who will be a Protector, Settlor, Beneficiary or Personal Representative of the Beneficiary of the Trust:

- Certified copy of the valid passport of such Individual. Please note that the document must be certified by a Notary Public or Commissioner of Oaths.
- Two letters of reference for such Individual which should be written within the last six (6) months:
 - One from a financial institution indicating the manner in which the individual's account has been maintained and the period over which the account was established.
 - One from a lawyer or certified public accountant indicating the period of time the individual is known to the professional. Time period should exceed three years.

(2) Documents to be provided by each Entity that will be a Protector, Settlor or Beneficiary of the Trust:

- Certified copy of the certificate of incorporation, certificate of registration or equivalent document issued by the relevant authority of the jurisdiction in which such the Entity was established.
- Certified copy of the memorandum and articles of association, articles of incorporation or other comparable document by which the Entity is governed.
- Certified copy of a letter of good standing or equivalent document issued by the relevant authority of the country in which the entity was established.
- The documents listed in one (1) above for each Individual who is an Owner or Director of the Entity.

All document must be originals (i.e. certified copies of documents must be originals not copies of the certified copies) and must be in the English language or accompanied by a certified translation into English. CaribTrust Ltd will be unable to provide any service if the documents are not provided in the prescribed format.

We thank you for considering doing business with our company and look forward to receiving your application.

Kind Regards

CARIBTRUST LTD



FORM I – Details of Trust

IN SAINT CHRISTOPHER (ST KITTS) ONLY AN ATTESTATION THAT A TRUST EXISTS IS FILED WITH THE REGISTRAR AS A TRUST IS AN EQUITABLE OBLIGATION AND NOT A LEGAL ENTITY.

1. Names of the Trust: (please insert below three names in order of preference)

First Proposed Name:

Second Proposed Name:

Third Proposed Name:

2. Type of Trust to be Established by CaribTrust Ltd: (please select the appropriate box below)

- Common Trust Unit Trust Charitable Trust Protective Trust

3. Name of Settlor: (First Name, Middle Name, Surname)

4. Name of Protector: (if applicable) (First Name, Middle Name, Surname)

5. Name of each Beneficiary (if applicable) (First Name, Middle Name, Surname)



Application for Trust Services

8. Affirmation:

IN WITNESS WHEREOF, I the undersigned certifies that I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.

Name : _____

Signature: _____

Date: _____

In the Presence of:

Name: _____

Signature: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Date: _____



Application for Trust Services

FORM II – To be completed by Individuals who will be Settlers or Protectors of the Trust *(Use one form per individual)*

1. Particulars of the Individual who will be a Protector or Settlor of the Trust:

First Name, Middle Name and Surname

Profession or Occupation

2. Capacity in which the Individual will be Acting in Respect of the Trust *(tick the appropriate box):*

Settlor: Protector:

3. Social Security Details of the Individual *(please provide a copy of the social security card /document):*

Country of Issue

Social Security Number

Date of Birth (Day/Month/Year)

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

4. Passport Details of the Individual *(please provide a copy of the information page of the passport):*

Country of Issue

Passport Number

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

5. Permanent Physical Residential Address of the Individual:

Street Number

Street Name

Apartment Number

City

State

Postal/Zip Code

Country

Telephone Number

Fax Number

Cell/Mobile Number

E-mail Address

6. Mailing Address of the Individual: *(if different to details provided in 5 above)*

Street Number

Street

P. O Box Number

City Name

State

Zip Code

Country



Application for Trust Services

7. Affirmation:

IN WITNESS WHEREOF, I the undersigned certifies that:

1. I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.
2. I have never been convicted of any crime and there are no pending charges against me in any country;
3. I authorize CaribTrust Ltd. to make investigations and obtain information about myself and to share with others information about myself for the purpose of establishing and maintaining accounts with financial institutions in the name of the CaribTrust Ltd. but for the benefit of the Trust; and
4. All funds to be transferred to CaribTrust Ltd. for the account of the Trust will be from legitimate sources.

Name:

Signature:

Date:

In the Presence of:

Name:

Signature:

Address:

Telephone:

Fax:

E-Mail:

Date:



FORM III – To be completed by individuals who will be Beneficiaries of the Trust (Use one form for each beneficiary)

1. Details of the Individual who will be a Beneficiary of the Trust:

First Name, Middle Names, Surname

Profession or Occupation (if any)

2. Social Security Details of the Beneficiary (please provide a copy of the social security card/document):

Country of Issue

Social Security Number

Date of Birth (Day/Month/Year)

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

3. Passport Details of the Beneficiary (please provide a copy of the information page of the passport):

Country of Issue

Passport Number

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

4. Permanent Physical Residential Address of the Beneficiary:

Street Number

Street Name

Apartment Number

City

State

Postal/Zip Code

Country

Telephone Number

Fax Number

Cell/Mobile Number

E-mail Address

5. Details of Personal Representative (if beneficiary is a minor):

First Name, Middle Names, Surname

6. Social Security Details of the Personal Representative (please provide a copy of the social security card/document):

Country of Issue

Social Security Number

Date of Birth (Day/Month/Year)

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)

7. Passport Details of the Personal Representative (please provide a copy of the information page of the passport):

Country of Issue

Passport Number

Date of Issue (Day/Month/Year)

Date of Expiration (Day/Month/Year)



Application for Trust Services

8. Permanent Physical Residential Address of the Personal Representative:

Street Number Street Name Apartment Number

City State Postal/Zip Code

Country

Telephone Number Fax Number Cell/Mobile Number E-mail Address

9. Mailing Address of Beneficiary or Representative: (if different from the address given in paragraph 4 or 8 above)

Name of Addressee

Street Number Street Name Office or Suite Number

P.O. Box Number City Name

State Postal/Zip Code Country



Application for Trust Services

10: Affirmation

IN WITNESS WHEREOF, I the undersigned certifies that:

- 1 I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.
- 2 I have never been convicted of any crime and there are no pending charges against me in any country;
- 3 I authorize CaribTrust Ltd. to make investigations and obtain information about myself and to share with others information about myself for the purpose of establishing and maintaining accounts with financial institutions in the name of the CaribTrust Ltd. but for the benefit of the Trust; and
- 4 All funds to be transferred to CaribTrust Ltd. for the account of the Trust will be from legitimate sources.

Name: _____

Signature: _____

Date: _____

In the Presence of:

Name: _____

Signature: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Date: _____



FORM IV – Details of Entity that will be Settlor, Protector or Beneficiary of the Trust

1. Name of the Entity:

Legal Name of Entity

2. Capacity in which the Entity will be Acting in Respect of the Trust:

Settlor: Protector: Beneficiary:

3. Details of the Entity:

Type of Entity (*Private, Corporation, Partnership, etc.*) Registration Number Tax I.D. Number

Country where entity was established Date Established (*Day/Month/Year*)

Principal Business Activities of the Entity:

4. Physical Address of Registered Office of the Entity

Street Number Street Name

P.O. Box Number City Name

State Postal/Zip Code Country Name

5. Mailing Address for the Organisation: (if different from the address given in paragraph 4 above)

Street Number Street Name

P.O. Box Number City Name

State Postal/Zip Code Country Name

6. Contact Person

Name Position held in the Entity

Telephone Number Email Address



7. Name of Shareholders (if not publicly traded) / Owners

8. Names of Directors:

9. Affirmation:

IN WITNESS WHEREOF, I the undersigned certifies that:

- 1 that I am duly authorised to sign for and on behalf of the Entity;
- 2 I have read and understood all of the questions in this form and that all of the information provided on this form is complete, true and up-to-date in every details as at the day and year hereinafter ascribed.
- 3 that the Entity is authorized to act in the capacity outlined above and was duly authorized by the Board of Directors to act in the capacity stated in respect to this Trust.
- 4 CaribTrust Ltd. is authorized to make investigations and obtain information about the Entity and to share with others information about the entity for the purpose of establishing and maintaining accounts with financial institutions in the name of the CaribTrust Ltd. but for the benefit of the Trust; and
- 5 All funds to be transferred to CaribTrust Ltd. for the account of the Trust will be from legitimate sources.

Signature: _____
Name: _____
Chairman/ Director
Date: _____

Signature: _____
Name: _____
Company Secretary
Date: _____