

APPLICATION FOR SET UP OF A TRUST IN VANUATU



1. **PROPOSED TRUST NAME:** _____
2. **TRUST FUND:** _____
(This means the settled Property of the Trust. Usually on set-up this is A\$20, US\$20 or VT2,000)
3. **TRUSTEE:** _____
(This is the person (usually our Trust company, Trustees International Limited) who controls the day-to-day management of the Trust)
4. **PRINCIPAL:** _____
This is the person (usually our nominee company, Global Nominees Limited) with overall power in relation to the Trust.
5. **CLIENT(S):**

FULL NAME

ADDRESS

TELEPHONE & FACSIMILE DETAILS

FULL NAME

ADDRESS

TELEPHONE & FACSIMILE DETAILS
6. **PERSONS AUTHORISED BY CLIENT TO ISSUE INSTRUCTIONS ON CLIENT'S BEHALF:**

FULL NAME

ADDRESS

TELEPHONE & FACSIMILE DETAILS
7. **PROPOSED ACTIVITIES OF TRUST:** _____

8. **BANK:** _____

(Preferred bank and currencies, length of investment, rollover)
9. **PREFERRED REPORTING PERIOD:** _____
(This is usually 18 months from set-up for the first accounting period and annually thereafter).
10. **VESTING DATE:** _____
(This is the date on which the Trust expires. Usually the maximum term of 80 years is nominated. Date of vesting can be varied upon instruction).
11. **BENEFICIARIES:**
Primary: _____
Secondary: _____
Tertiary: _____
(Usually the International Red Cross is named as Primary Beneficiary)

12. ACCOUNTS:

Under the Trust Deed our annual balance date is 30th June, and we prepare accounts on that date or soon thereafter each year. However, when Trusts are inactive, the trustees will use their discretion as to when or whether accounts need to be prepared.

N.B. Additional charges are made for accounting, based on time spent.

13. CLIENT CONTACT DETAILS:

Preferred method of communication (please tick) Email Facsimile Post

Mother's Maiden Surname _____ (for identification purposes during telephone conversations)

Contact Name: _____

Postal Address: _____

Telephone: _____ (office hours) _____ (after hours)

Facsimile: _____ (office hours) _____ (after hours)

Email: _____

Note: BARRETT & PARTNERS Statements and other notices are normally forwarded in a Private & Confidential envelope to the address outlined above, unless otherwise specified.

14. SPECIFIC INSTRUCTIONS:

15. FEES

Preferred Method of payment: *(Please tick)* T/T Visa/MasterCard Cash
Cheque Draft

Amount: _____

Fees should accompany all applications to register a company. Cheques or bank drafts should be made payable to Trustees International Limited, or TIL and remitted by mail directly to us.

USD SWIFT Payment Orders/Telegraphic Transfers:

Please instruct your bank to use the following USD payment routing method:

United States Intermediary Bank (IBK): JP Morgan Chase Bank
New York (SWIFT: CHASUS33)
Fedwire Number: 021000021
Beneficiary Bank (BBK): ANZ Banking Group
Melbourne (SWIFT: ANZBAU3M)
Account No: 001 1910601

Beneficiary Name: Barrett & Partners
Beneficiary Account No: 010982 788680
Reference: Your Name

Visa/MasterCard Payments: (Please tick)

Visa MasterCard

Please note: A 3% surcharge is made for credit card payments.

Account Number: _____ Expiry Date: _____

Exact Name on Card: _____ Signature: _____

16. DECLARATION OF BENEFICIAL OWNER(S)

I/We have been made aware of the legislation in Vanuatu, including the Mutual Assistance in Criminal Matters Act and the Serious Offences (Confiscation of Proceeds) Act, designed to prevent amongst other things the laundering of proceeds of criminal activities.

I/We hereby certify that the trust to be established under this application will not be used for the purpose of criminal activities and I/we will take steps to prevent such activity from occurring in the future.

I/We hereby certify to the best of my/our knowledge and belief, that the information contained in this application form is correct and complete and undertake to advise BARRETT & PARTNERS of any changes to the above information.

Name(s): _____

Signed at: _____ this: _____ day of _____ Year: _____

Signature(s): _____

PLEASE SEND the following to TIL, P.O. Box 240, Port Vila, Vanuatu, Fax: (678) 22317:

- Completed Form
- **Certified Copy of Beneficial Owner(s) passports and drivers licence, showing photo(s) and signature(s). Note: Photo must be clearly visible.
- **Certified Copy of Authorised Persons and Directors passports (if applicable)
- Proof of payment

** Original certification must be made by a Notary Public, Justice of the Peace, Commissioner of Oaths, Accountant, Bank Manager or Clergy.
