



APPLICATION FOR SERVICES AFFINITY TRUST LIMITED

affinity
PRIVATE WEALTH

1 - STRUCTURE

			New		Existing
Outline the services required i.e. number and type of entity(ies), jurisdiction and whether they are new or existing (if existing, detail current service provider, e.g. XYZ Trustee) Attach Structure Chart at Appendix 1. Please also provide the intended name for the required structure.					
Entity 1:		Entity 2:			
Entity 3:		Entity 4:			
Entity Name/s					

2 - RATIONALE

What is the purpose of the structure? Why is the structure required (background and planning)? Include why specific entities and jurisdictions are to be used and importantly why you have chosen Jersey?			
Is the structure tax driven?		Yes	No
If yes – briefly detail any planning and attach a copy of any tax advice, noting advisor details in Section 3 below.			

3 - ADVISORS

Provide name and contact details of all professional advisors including lawyers, accountants and tax advisors

4 - ACTIVITIES

Provide a detailed breakdown of **all activities/assets** within the structure **per entity, e.g. UK property holding**. (If an asset is to be an investment portfolio, please refer to Appendix 2)

Entity 1:		Entity 2:	
Entity 3:		Entity 4:	

In which jurisdictions do the activities/assets of the entity take place?

Entity 1:		Entity 2:	
Entity 3:		Entity 4:	

Expected volume and value of transactions **per entity**

Entity 1:		Entity 2:	
Entity 3:		Entity 4:	

What is the accounting year end and reporting currency for each entity?

Entity 1:		Entity 2:	
Entity 3:		Entity 4:	

Does the activity of any of the entities involve the ownership of, a close association with or, an affiliation with a regulated business? If yes, please detail.

5 - SOURCE OF FUNDS

Describe **in detail** the activity which generated the funds in, or coming into, the structure e.g. employment income, investment income, business activities, sale of an asset, gift, inheritance, noting the country in which the funds were generated in. **Please attach supporting documentary evidence.**

6 - SOURCE OF WEALTH

How did you generate your overall wealth and from which countries? **Please attach supporting documentary evidence.**

7 - INDIVIDUAL PARTIES

Detail anyone with a material, controlling or ownership interest (5% or greater) either directly or indirectly in the structure e.g. settlor, beneficiary, protector, authorised person/signatory, external director, partner, council member, Guardian, Founder, Power Holder and any director or shareholder of a corporate party (see section 8) (If more than 4 parties, refer to Appendix 3). Specify the roles for each party if more than one applies.

	PARTY 1 - SPECIFY ROLE (e.g. settlor)	PARTY 2 - SPECIFY ROLE
Relationship to client/UBO		
Full Name (and previous names)		
Date of birth / place of birth		
Gender		
Residential Address		
Date occupied		
Photo ID number and issuing authority		
Country of tax residence		
How long tax resident there?		
Country of Domicile - Detail origin and any change		
Nationality(ies)		
TIN/NI/Government ID number		
Occupation		
Telephone number		
Email		

	PARTY 3 - SPECIFY ROLE	PARTY 4 - SPECIFY ROLE
Relationship to client/UBO		
Full Name (and previous names)		
Date of birth / place of birth		
Gender		
Residential Address		
Date occupied		
Photo ID number and issuing authority		
Country of tax residence		
How long tax resident there?		
Country of Domicile – Detail origin and any change		
Nationality(ies)		
TIN/NI/Government ID number		
Occupation		
Telephone number		
Email		

Please detail any connections to other jurisdictions for any of the parties that have not previously been specified e.g. US Green Card Holder.

Are there any excluded parties to the structure? If yes, detail who and why.

8 - CORPORATE PARTIES

Relationship to the structure e.g. settlor, beneficiary		
	PARTY 1 - SPECIFY ROLE	PARTY 2 - SPECIFY ROLE
Full Name		
Trading Name (if different)		
Date of incorporation		
Place of incorporation		
Company number		
Registered office address		
Business activities		
Is it regulated? If so, specify by who		
Contact Person		
Role		
Contact number		
Email		

9 - RISK CONNECTIONS

Has any person/party connected with the structure ever been closely associated with or the holder of a political office, a senior political party official, a senior member of the judiciary, a senior military officer or an executive of a state owned enterprise? Please give full details, including the countries concerned.

Is any person or party a high profile individual or a media exposed person? If yes, please detail.

10 - DOCUMENTATION

For each individual, please provide:

- Our preferred methodology for documentation verification is by electronic identification (E-ID) using secure software solutions. You will be provided with the relevant details and software downloads as part of the on-boarding process. If you are unable to use these services or prefer to provide original documentation then please provide documents as detailed below
- A clear and legible certified copy of a current passport or government issued identity card which must include a photograph, signature, nationality, date and place of birth
- Any **one** original or certified copy document verifying permanent residential address i.e. a utility bill, bank statement or credit card statement **dated within the last 3 months** – please note that mobile phone bills are not acceptable.

For each corporate party, please provide:

- Certificate of Incorporation
- Memorandum and articles of association or equivalent
- Change of Name Cert (if applicable)
- Register of Member
- Register of Directors
- Last 3 years of accounts
- Register of charges

11 - CERTIFICATION

All documents must be certified as true copies in accordance with the certification guidance below:

Who can certify?

- A member of the judiciary, a senior civil servant, or a serving police or customs officer;
- An officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity;
- An individual who is a member of a professional body that sets and enforces ethical standards;
- An individual who is qualified to undertake certification services under authority of the Certification and International Trade Committee (such as Chamber of Commerce);
- Notary Public; or;
- A Director, Officer or Manager of a regulated financial services business which is operating in an equivalent regulated jurisdiction.

PLEASE NOTE: The certifier must not be connected (business or family) to the individual whose identification is being certified to ensure independence. The certifier should also record their name, capacity, professional qualifications, contact address and telephone number (or email address in the alternative to the last two items), as well as sign and date the certification.

Certification wording: "I confirm that the copies attached are true and complete copies of the original documents that I have seen and I confirm that where applicable the photograph contained in the document bears a true likeness to the named individual."

12 - DECLARATIONS AND SIGNATURE

- a. I/We will promptly supply Affinity Trust Limited ("ATL") on request with originals or copies of all documents and/or such further information (together with certified translations if not in the English language) to enable ATL to provide the Services.
- b. I/We agree that neither I/we nor any person whom I/we may nominate to hold any office or employment with the Entity will do anything or allow anything to be done which would impose or be likely to impose any civil or criminal liability on ATL or any person whom ATL may nominate to hold any office or employment with the Entity.
- c. I/We am/are acting for myself/ourselves as principals and there are no undisclosed parties in relation to the Entity.
- d. I/We acknowledge that it is the responsibility of the settlor/beneficiaries/beneficial owners to obtain independent taxation and legal advice on the effects of forming any Entity and its future existence. I/We shall provide evidence of this advice without delay to ATL. ATL or any of its Employees cannot be held responsible for the consequences of not obtaining such tax and legal advice, and I/we acknowledge that neither ATL, nor its Employees provide any legal, tax, accounting or economic substance advice.
- e. I/We agree that if ATL provide directors, officers or employees for the Entity I/we shall ensure that no action is taken nor any documents signed by or on behalf of the Entity without the prior knowledge and consent of ATL.
- f. To the extent permitted by the law governing the Entity, I/we agree that an annual general meeting of shareholders of the Entity, if applicable, is not required.
- g. I/We agree that ATL and any officers or employees nominated by ATL to hold office or employment with the Entity may act and rely upon any requests made by me/us or any person previously authorised by me/us to make requests in relation to the Entity's affairs; in this respect requests may be made orally, by telephone, by email, or otherwise in writing and ATL may accept requests given by any such method of communication without having to obtain any verification thereof. In the case of requests made orally or by telephone a written note made by any Employee of ATL shall be conclusive evidence of such requests.
- h. I/We agree that the terms of this declaration shall be binding on me/us and on my/our personal representatives and heirs and I/we confirm that I/we, where appropriate, have suitable testamentary arrangements for the transfer of ownership rights in the Entity on the death of me/us, where appropriate.
- i. In the event of my/our wishing to transfer the ultimate beneficial ownership of an Entity to any other person other than on my/our death, I/we shall first notify ATL of my/our wishes and ATL shall not be obliged to continue providing the services to the Entity until any such successor beneficial owner has provided ATL with all the information and documentation which ATL may require and has entered into an agreement on similar terms to this agreement with ATL provided always that ATL may at its discretion refuse to continue providing administration services to the Entity on any change of beneficial ownership.
- j. I/We have received, read and fully understand and accept both the content of ATL's Terms and the Fee Schedule. I/We understand that the Terms of ATL may be amended from time to time and are published on your website; www.affinitypw.com and that the definitions detailed in the Terms also relate to this declaration.
- k. I/We am/are not involved in any illegal, money-laundering or terrorist financing activity and the assets being introduced or contributed are not derived from any illegal activity. I/We undertake to promptly provide ATL with any information or documentation that ATL may require in order to satisfy itself that the assets are not the proceeds of any crime or criminal activity, or in any way connected with any illegal activity.
- l. I/We have not been subject to any insolvency procedure in any part of the world.
- m. The information provided in this questionnaire is true, accurate, complete and not misleading and I/we undertake to inform ATL without delay, of any material changes or additions to the information supplied.
- n. I/We agree to the processing of any personal data obtained by ATL as a result of providing Services to the Entity in accordance with the requirements of Applicable laws and rules on data protection.

Name:				
Signed (Settlor, Beneficial Owner, Adult Beneficiaries)				
Dated:				

13 - CLIENT CONFIRMATIONS AND SIGNATURE

If you have received a fee proposal from ATL in connection with the provision of Services described in this application for services, please sign below to confirm your agreement to the following declarations:

- a. I/We have received, read and fully understand and accept the terms of the fee proposal dated _____ provided by ATL to me/us.
- b. I/We am/are acting for myself/ourselves as client(s) and there are no undisclosed parties in relation to the Entity.
- c. To the extent permitted by the law governing the Entity, I/we agree that an annual general meeting of shareholders of the Entity, if applicable, is not required.
- d. I/We undertake to pay all fees and disbursements incurred by ATL on a timely basis.
- e. I/We have received, read and fully understand and accept both the content of ATL's Terms and the Fee Schedule. I/We understand that the Terms of ATL may be amended from time to time and are published on your website; www.affinitypw.com and that the definitions detailed in the Terms also relate to this declaration.
- f. To the extent there is any inconsistency between this application for services and the fee proposal, the fee proposal shall prevail.

Name:	
Signed (client)	
Dated:	

APPENDIX 1 – STRUCTURE CHART

Please attach a detailed structure chart if more than one entity in the structure or sketch in the box below

APPENDIX 2 - INVESTMENT

Please select the description that best fits how you would like the portfolio to be invested.	Expected performance characteristics in normal conditions		
	POSITIVE ANNUALISED 5-YEAR ROLLING RETURN	WORST CASE 12 MONTH DOWNSIDE	Please tick as appropriate
Capital preservation	0% to 2%	0% to 2%	
Low risk	2% to 4%	-2% to -4%	
Balanced	4% to 6%	-8% to -10%	
Growth	6% to 8%	-15% to -20%	
High risk	8% to 13%	-25% to -40%	

Do you anticipate any need for regular income in the next 3 years? If yes, please provide details of your requirements.

Do you anticipate any need for a capital withdrawal from the Trust within the next 3 years? If yes, please provide details of your requirements.

APPENDIX 3 - ADDITIONAL PARTIES		
	PARTY 5 – SPECIFY ROLE	PARTY 6 – SPECIFY ROLE
Relationship to client/UBO		
Full Name (and previous names)		
Date of birth / place of birth		
Gender		
Residential Address		
Date occupied		
Photo ID number and issuing authority		
Country of tax residence		
How long tax resident there?		
Country of Domicile – Detail origin and any change		
Nationality(ies)		
TIN/NI/Government ID number		
Occupation		
Telephone number		
Email		
Name:		
Signed (client)		
Dated:		

APPENDIX 3 - ADDITIONAL PARTIES		
	PARTY 7 – SPECIFY ROLE	PARTY 8 – SPECIFY ROLE
Relationship to client/UBO		
Full Name (and previous names)		
Date of birth / place of birth		
Gender		
Residential Address		
Date occupied		
Photo ID number and issuing authority		
Country of tax residence		
How long tax resident there?		
Country of Domicile – Detail origin and any change		
Nationality(ies)		
TIN/NI/Government ID number		
Occupation		
Telephone number		
Email		
Name:		
Signed (client)		
Dated:		

APPENDIX 4 – ADDITIONAL INFORMATION

Please note any other relevant information or requirements not covered by the above sections in the box below. For example, any suggested names for new entities.

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