

1.	Trust Details
	Name (First Choice)
	Name (Second Choice)
	Note: Please provide two options to avoid possible conflict of names.
	If already in existence
	Current Trustee(s)
	Trustee(s) address
	Date of formation of trust
	Proper law of trust
2.	Type of Trust Type of Trust: Discretionary / Interest in Possession / Accumulation and Maintenance / EBT / Other (specify). Preferred Oak jurisdiction (Please tick as necessary).
	Guernsey Isle of Man Jersey Mauritius
3.	Trust Requirements
	Trustee will be provided by Oak.
	List below the full name of each party.
	An Individual / Individual Non-Introducer of Funds / Entity Questionnaire is required for each third party associated with the structure as appropriate.
	Settlor
	Settlor (if joint)

Please refer to the Mauritius Addendum where services are required from this jurisdiction.



Trust Requirements	(continued)	
Beneficiaries		
To include principal, life tenants (or successive)		
Excluded beneficiaries		
Longstop / Residual Beneficia	ry	
required at this stage however s	ufficient information should be provided in	order to identify them).
Protector (if one is to be appo		nat proportions will / are the principal beneficiaries be e
	utions please detail when, who and in wh	at proportions will / are the principal beneficiaries be e
In respect of receipt of distribution (these can also be detailed in a	utions please detail when, who and in whas separate letter of wishes).	
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In respect of receipt of distribution (these can also be detailed in a	utions please detail when, who and in what is separate letter of wishes). Income	
In respect of receipt of distribution (these can also be detailed in a Capital Purpose of the Trust	utions please detail when, who and in what is separate letter of wishes). Income	
In respect of receipt of distribution (these can also be detailed in a Capital Purpose of the Trust Please provide details of the receipt of distribution and the company of the trust	utions please detail when, who and in what is separate letter of wishes). Income	Capital and Income
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4.



ACTIVITY OF ITUST				
Investment Holding Unquo	ted	Property Holdi	ng - Commercial	
Investment Holding Quoted	i	Property Holdin	ng - Residential	
Asset Holding		Other		
lf Asset Holding or Other, p	lease state:			
Please provide details of th	e activities that the trust is ex	rpected to undertake/is	undertaking.	
Where the activity relates t	o holding a quoted investmer	nt portfolio additional in	formation will be ı	required relating to the investmer
	nowever these will be gathere			,
Please detail the countries particular countries.	where the trust is expected t	o transact and the perc	entage of the trus	st's total activities related to thos
Country	% Activity E	Expected	Specific	c Activity
Source of Funds a	nd Anticipated Banl	king Transaction	S	
Amount of initial deposit			Currency	
Remitting institution				
Geographic location of rem	itting institution			
Name of remitter				
If remittance not from the Se	ttlor please explain			

6.



6. Source of Funds and Anticipated Banking Transactions (continued)

Incoming Funds
Volume and frequency of anticipated incoming funds per annum.
Value of anticipated incoming funds per annum (include relevant currency).
Please give full details of further assets to be settled upon the trust / existing assets in trust including description, jurisdiction from where it will be received or held and current market value.
The funds to be, or are, committed to the proposed / existing trust represent the proceeds of / were derived from:
Outgoing Funds
Please state the expected value of annual outflows per annum.
Please state the expected volume and frequency and jurisdictional destination of annual outflows per annum.
Please state the expected net asset value of the trust after
one year.
Accounting Requirements
Accounting year end (31 December / 5 April / other)
(it is advisable to elect an accounting year end date that corresponds with any tax reporting obligations you may have).
Currency of accounts (GBP/EUR/USD/Other)
Is an audit required? Yes No

7.



Advisors – Legal, Tax and Investment Advisor	•	
Do you have a preferred legal advisor that you would like the trustee to consider appointing or who may already be appointed.	Yes	No
Please provide name, contact information and details of any regulat	cory status.	
Do you have a preferred tax advisor that you would like the trustee to consider appointing or who may already be appointed. Please provide name, contact information and details of any regulate.	Yes cory status.	No
Do you have a preferred registered investment advisor that you would like the trustee to consider appointing.	Yes	No
Please provide name, contact information and details of any regulat	ory status.	



9. Confirmation

I/We the beneficial owner/s hereby confirm our request to form a trust as detailed above.

I/We confirm our request for Oak to provide the services as detailed above.

I/We confirm that we have received, read, understood and agree to Oak's terms and conditions.

I/We certify that the information provided in this questionnaire is complete and accurate.

I/We undertake to meet my/our obligations to Oak fully and promptly and acknowledge that I/we undertake to ensure that the business to be undertaken by the company will not bring Oak into disrepute.

I/We undertake to ensure that no transactions will be entered into by or on behalf of the trust until Oak advise me/us that Oak has completed its compliance checks, the proposed trust has been formed and is in a position to commence activities.

At any time in the future we will advise you prior to any transaction should there be an intention to introduce additional funds not detailed above.

Full Name (Settlor / Client)
Signature
Dated
Full Name (Settlor / Client)
Signature
Dated

If you wish to sign electronically, please email the completed form to your contact at Oak who will send back via DocuSign for electronic signature.



10. Checklist

Please tick to confirm the following before sending the application

Application form The Application Form Trustee Services fully completed and signed by all Settlor(s) / Client(s).	
Copy of tax advice To include rationale behind choice of jurisdiction. Letter of Authority to provide Oak with the ability to correspond directly with the appointed Tax Advisor.	
Letter of Wishes Where this is already in existence or a draft has been prepared please enclose.	
Individual / Entity Questionnaire All relevant Individual / Individual Non-Introducer of Funds / Entity Questionnaires fully complete and signed.	
Tax residency Ensure page 1 of the Individual / Individual Non-Introducer of Funds / Entity Questionnaires is fully complete including Tax Identification Number (TIN).	
Verification of identity Certified copy of current identity document.	
Verification of address An original or certified true copy document verifying the full residential address.	
Additional Information	

11. Data Protection

We may use the information you send us together with other information, which comes from or relates to you, to discharge our functions effectively. This may include us sharing the information we hold about you with other bodies, such as regulators and law enforcement agencies, some of whom may be located outside of The Crown Dependencies, Mauritius and the European Economic Area. Data Protection legislation provides you with various rights, including the right to ask for a copy of the information we hold on you, and the right to have inaccuracies corrected. To better understand your rights and how we handle your information, we would encourage you to read our Privacy Notice; or to contact the Data Protection Officer on dataprotection@oak.group.