



## TRUST REGISTRATION & AMENDMENTS FORM (Inter-Vivos)

<b>Application Form Selections:</b>	<b>Trust Registration</b>	<input type="checkbox"/>	Complete All Sections	<b>Bond of Security Amendments</b>	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 8, 9
	<b>Trustee Amendments</b>	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 6, 9	<b>General Trust Amendments</b>	<input type="checkbox"/>	Complete Sections 1.1, 1.2*, 1.3, 3*, 4*, 5*, 9
	<b>Auditor Amendments</b>	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 7, 9	<b>Trust Copies</b>	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 9
	<b>Other</b>	<input type="checkbox"/>				

\* If applicable

\* A separate application form must be submitted for each amendment type

## SECTION 1: SUMMARY DETAILS

### 1.1 TRUST NAME & FILE NUMBER

[illegible]

## 1.2 TRUST GENERAL DETAILS

<p><b>Asset Location</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>Probable Trust Duration</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>No. of Trustees (Persons)</b> <input type="text"/> <input type="text"/> <input type="text"/> (to be captured for this application)</p> <p><b>No. of Trustees (Organization)</b> <input type="text"/> <input type="text"/> <input type="text"/> (to be captured for this application)</p> <p><b>Minimum No. of Trustees Allowed</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (on the trust)</p> <p><b>Maximum No. of Trustees Allowed</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (on the trust)</p>	<p><b>Source of Funds</b> <input type="checkbox"/> Motor Vehicle Accident Fund <sup>(MVA)</sup> <input type="checkbox"/> Other</p> <p><b>Is Annual Audit Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>No. of Beneficiaries (MVA)</b> <input type="checkbox"/> Class <input type="checkbox"/> Unknown No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>No. of Mentally Incapacitated/ Minor Beneficiaries (MVA)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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Is this a Court Order Application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Court Name	<input type="text"/>		
Case No.	<input type="text"/>		

**FOR OFFICE USE ONLY**

Received By:	<div></div>	
Signature:	<div></div>	<div></div>

**1.3 APPLICANT/AGENT DETAILS****Organisation Details (If Applicant is an Organisation)**

Organisation Name	<input type="text"/>
Registration Number	<input type="text"/>

**Details of Contact Person/Organisation Representative**

Surname	<input type="text"/>	Title	<input type="text"/>
First Names	<input type="text"/>		
Nationality	<input type="text"/>		
ID No	<input type="text"/>	/OR	Passport No <input type="text"/>

**Preferred Method of Communication**

Masters Office Box	<input type="text"/>	E-mail	<input type="text"/>
Collect By Hand	<input type="text"/>	Post	<input type="text"/>

**Preferred Method of Collection**

Masters Office Box	<input type="text"/>	Post	<input type="text"/>
Collect By Hand	<input type="text"/>		

**Contact Details**

Masters Office Box No	<input type="text"/>	Tel No	<input type="text"/>	Cell No	<input type="text"/>	Fax No	<input type="text"/>
E-mail	<input type="text"/>						

**Postal Address**

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
District	<input type="text"/>
City/Town	<input type="text"/>

**Physical Address**

Mark here with an "X" if address is the same as above or capture your Physical Address	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
District	<input type="text"/>
City/Town	<input type="text"/>

**Applicant's other roles on the Trust**

Is Applicant a Trustee?	<input type="text"/> Yes	<input type="text"/> No	Is Applicant the Main Contact for future Trust communication?	<input type="text"/> Yes	<input type="text"/> No
Is Applicant an Auditor/ Accountant of this Trust?	<input type="text"/> Yes	<input type="text"/> No	Is Applicant the Founder?	<input type="text"/> Yes	<input type="text"/> No

## SECTION 2: SUPPORTING DOCUMENTS (APPLICABLE FOR TRUST REGISTRATION)

[illegible]

- **MVA – Motor Vehicle Accident Fund**

### Organisation Details (If Applicant is an Organisation)

#### Details of Contact Person/Organisation Representative

Preferred Method of Communication	Preferred Method of Collection
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Contact Details
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Postal Address

Physical Address
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Main Contact's other capacities on the Trust	

## SECTION 4: BANK DETAILS

Bank Name	Branch Name	Branch Code	Account Number
Bank of America	New York City	0001	12345678901234567890
Wells Fargo	San Francisco	0002	98765432109876543210
Citigroup	Los Angeles	0003	56789012345678901234
PNC Financial Services Group Inc.	Chicago	0004	23456789012345678901
Banque Paribas	London	0005	01234567890123456789
Santander UK plc	Madrid	0006	89012345678901234567
Commerzbank AG	Hamburg	0007	67890123456789012345
ING Bank N.V.	Amsterdam	0008	45678901234567890123
BNP Paribas	Paris	0009	34567890123456789012
Deutsche Bank AG	Berlin	0010	23456789012345678901
HSBC Bank plc	Liverpool	0011	12345678901234567890
Barclays Bank PLC	Cardiff	0012	01234567890123456789
NatWest Bank	Manchester	0013	90123456789012345678
First Direct	Sheffield	0014	89012345678901234567
Yorkshire Building Society	Leeds	0015	78901234567890123456
Co-operative Bank	Nottingham	0016	67890123456789012345
TSB Bank	Glasgow	0017	56789012345678901234
Bank of Scotland	Edinburgh	0018	45678901234567890123
Bank of Ireland	Dublin	0019	34567890123456789012
Guinness	Dublin	0020	23456789012345678901
Bank of Montreal	Toronto	0021	12345678901234567890
Royal Bank of Canada	Ottawa	0022	01234567890123456789
Scotiabank	Vancouver	0023	90123456789012345678
Bank of Nova Scotia	Halifax	0024	89012345678901234567
TD Bank	Montreal	0025	78901234567890123456
Bank of Quebec	Quebec City	0026	67890123456789012345
Bank of New Brunswick	Fredericton	0027	56789012345678901234
Bank of Atlantic Canada	St. John's	0028	45678901234567890123
Bank of Newfoundland and Labrador	St. John's	0029	34567890123456789012
Bank of Prince Edward Island	Charlottetown	0030	23456789012345678901
Bank of New Brunswick	Moncton	0031	12345678901234567890
Bank of Nova Scotia	Antigonish	0032	01234567890123456789
Bank of Montreal	Shediac	0033	90123456789012345678
Bank of New Brunswick	Beauséjour	0034	89012345678901234567
Bank of Nova Scotia	St-Leonard	0035	78901234567890123456
Bank of Montreal	St-Jovite	0036	67890123456789012345
Bank of New Brunswick	St-Hippolyte	0037	56789012345678901234
Bank of Nova Scotia	St-Georges	0038	45678901234567890123
Bank of Montreal	St-Eustache	0039	34567890123456789012
Bank of New Brunswick	St-Denis	0040	23456789012345678901
Bank of Nova Scotia	St-Basile-le-Grand	0041	12345678901234567890
Bank of Montreal	St-Zeferin	0042	01234567890123456789
Bank of New Brunswick	St-Amand	0043	90123456789012345678
Bank of Nova Scotia	St-Louis-de-la-Riviere	0044	89012345678901234567
Bank of Montreal	St-Martin	0045	78901234567890123456
Bank of New Brunswick	St-Jacques	0046	67890123456789012345
Bank of Nova Scotia	St-Jean	0047	56789012345678901234
Bank of Montreal	St-James	0048	45678901234567890123
Bank of New Brunswick	St-John	0049	34567890123456789012
Bank of Nova Scotia	St-John	0050	23456789012345678901
Bank of Montreal	St-John	0051	12345678901234567890
Bank of New Brunswick	St-John	0052	01234567890123456789
Bank of Nova Scotia	St-John	0053	90123456789012345678
Bank of Montreal	St-John	0054	89012345678901234567
Bank of New Brunswick	St-John	0055	78901234567890123456
Bank of Nova Scotia	St-John	0056	67890123456789012345
Bank of Montreal	St-John	0057	56789012345678901234
Bank of New Brunswick	St-John	0058	45678901234567890123
Bank of Nova Scotia	St-John	0059	34567890123456789012
Bank of Montreal	St-John	0060	23456789012345678901
Bank of New Brunswick	St-John	0061	12345678901234567890
Bank of Nova Scotia	St-John	0062	01234567890123456789
Bank of Montreal	St-John	0063	90123456789012345678
Bank of New Brunswick	St-John	0064	89012345678901234567
Bank of Nova Scotia	St-John	0065	78901234567890123456
Bank of Montreal	St-John	0066	67890123456789012345
Bank of New Brunswick	St-John	0067	56789012345678901234
Bank of Nova Scotia	St-John	0068	45678901234567890123
Bank of Montreal	St-John	0069	34567890123456789012
Bank of New Brunswick	St-John	0070	23456789012345678901
Bank of Nova Scotia	St-John	0071	12345678901234567890
Bank of Montreal	St-John	0072	012345

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### Organisation Details (If Founder is an Organisation)

[illegible][illegible][illegible]

### Organisation Details (If Founder is an Organisation)

[illegible][illegible]

Nationality ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Is Founder a Trustee? ☐ Yes ☐ No

### Organisation Details (If Founder is an Organisation)

[illegible][illegible]

Nationality ☐

Is Founder a Trustee? ☐ Yes ☐ No

## SECTION 6: TRUSTEES SUMMARY

No.	Trustee Type(*) Indi / Org	Trustee Full Name / Organisation Name	ID/ Passport/ Registration No	Representative Full Name	Representative ID/ Passport
1.					
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- Trustee Types: Organisation/Individual
- Names must be written as on the ID / Passport
- **Please insert Acceptance of Trusteeship Forms below this page**

Organisation Details (If Auditor is an Organisation)	
1	Organisation Name
2	Organisation Address
3	Organisation City
4	Organisation State
5	Organisation Zip
6	Organisation Country
7	Organisation Phone
8	Organisation Email
9	Organisation Website
10	Organisation Tax ID
11	Organisation EIN
12	Organisation DUNS Number
13	Organisation SIC Code
14	Organisation NAICS Code
15	Organisation Industry
16	Organisation Sector
17	Organisation Type
18	Organisation Size
19	Organisation Revenue
20	Organisation Assets
21	Organisation Liabilities
22	Organisation Net Worth
23	Organisation Credit Rating
24	Organisation Risk Rating
25	Organisation Compliance
26	Organisation Governance
27	Organisation Ethics
28	Organisation Sustainability
29	Organisation Social Impact
30	Organisation Environmental Impact
31	Organisation Human Rights Impact
32	Organisation Labor Practices
33	Organisation Supplier Practices
34	Organisation Customer Practices
35	Organisation Community Practices
36	Organisation Government Practices
37	Organisation Non-Profit Practices
38	Organisation For-Profit Practices
39	Organisation Public-Private Practices
40	Organisation Other Practices

[illegible][illegible]

Details of Auditor/Organisation Representative	
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Surname																																						Title				
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**Title**

[illegible][illegible][illegible]

/ OR

Passport No

[illegible]

ACCA

CIMA ☐[illegible]Other ☐

If Other, Specify	
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**SECTION 8: BOND OF SECURITY (MANDATORY FOR RAF/ IF APPLICABLE)**

☐ Yes ☐ No

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[illegible][illegible]

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**(Only applicable for Registration)**

## SECTION 9: DECLARATION

I, the undersigned, confirm that the information provided above is accurate and will inform the Master of any changes that take place pertaining to the information provided above.

Date:     /   /

(C C Y Y / M M / D D)

**Signature:**

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