

Full name of Trust: _____

Name under which account to be held (if different from above): _____

Date Trust Established: _____

Type of Trust: _____ Legal Jurisdiction: _____

Activities of Trust: _____

Anticipated level of financial transactions (if applicable): _____

Total value of Trust assets held with Yorkshire Guernsey: _____ Total value of Trust assets: _____

Source of Wealth (and identify the period over which this has been derived) _____

Does the Introducer consider the related party to be, or to be associated with a PEP? Yes No

FULL DETAILS OF SETTLOR*

Name: _____

Residential Address: _____

_____ Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF TRUSTEES*

Name: _____

Residential/Registered Address: _____

_____ Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF TRUSTEES*

Name: _____

Residential/Registered Address: _____

_____ Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF ULTIMATE BENEFICIARY(IES)*

Name: _____

Residential Address: _____

_____ Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF ULTIMATE BENEFICIARY(IES)*

Name: _____

Residential Address: _____

Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF ULTIMATE BENEFICIARY(IES)*

Name: _____

Residential Address: _____

Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF PROTECTOR (if applicable)*

Name: _____

Residential Address: _____

Postcode: _____

Nationality: _____ Date of birth: ___ / ___ / ___

Place of birth: _____

Date of appointment: ___ / ___ / ___

FULL DETAILS OF ACCOUNTANTS/AUDITORS*

Name: _____

Registered Address: _____

Postcode: _____

Date of appointment: ___ / ___ / ___

***If insufficient space, please use separate sheet**