



SEYCHELLES TRUST SERVICES ORDER FORM

COMPANY SERVICES FOR PRIVATE CLIENTS ONLY
NOT FOR DISTRIBUTION PRIVILEGED INFORMATION

This order form leads you through a simple step by step procedure.

- Section 1** About the Seychelles Trust
- Section 2** Trust Structure
- Section 3** Personal Information Founder
- Section 4** Personal Information Beneficiaries
- Section 5** Protector
- Section 6** Payment of fees
- Section 7** Formalities

Should you require assistance completing this form please contact your consultant.

Client engagement procedures are found within Appendix A attached hereto. Please refer to our terms of business which can be found on our website www.ocra.com.

Please complete this form in BLOCK CAPITALS and send by fax or email to the consultant dealing with your affairs and then send the signed original together with the supporting documentation to:

OCRA (Mauritius) Limited
2nd Floor, MaxCity Building
Remy Ollier Street
Port-Louis
Mauritius

Tel: +230 211 5100
Fax: +230 211 5400
Email: ocra@ocra-mauritius.com

1.0 – NAME OF THE SEYCHELLES TRUST

Please provide the name of the Trust.

1.1 – PURPOSE OF THE TRUST

Please provide the purpose and the reasons for which the Trust is to be established.

1.2 – TRUST PERIOD

Unless specified the perpetual state will be in accordance with the laws of perpetuity of the Seychelles.

1.3 - TYPE OF TRUST

- | | |
|--|--|
| <input type="checkbox"/> Discretionary Declaration of Trust | <input type="checkbox"/> Interest Period (IIP) |
| <input type="checkbox"/> Interest in Possession (IIP) (With Protector) | <input type="checkbox"/> Accumulation and Maintenance Trust (For Children) |
| <input type="checkbox"/> Other – Please specify | |

1.4 - PREFERRED VENUE FOR MEETINGS

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Isle of Man | <input type="checkbox"/> London |
| <input type="checkbox"/> Mauritius | <input type="checkbox"/> Other |
| <input type="checkbox"/> If Other – Please specify | |

1.5 - SPECIAL REQUIREMENTS AND OTHER INFORMATION

1.6–INITIAL SETTLED PROPERTY

Please identify the value of the initial assets that will be settled into the Trust.

1.7 – ORIGIN OF ASSETS

Please provide details of the origin and source of the assets to be held by the Trust. (We may request further information).

Are any of the assets shares in a Company? Yes No

If yes, please provide full details of the holding and nature of the business together with the name and address of each company.

Company Name: _____ **Country of Incorporation:** _____

Contact Person: _____ **Incorporation No:** _____

Address: _____

City: _____ **State:** _____

Post Code/Zip Code: _____ **Country:** _____

Nature of Business: _____

Holding: _____

Company Name: _____ **Country of Incorporation:** _____

Contact Person: _____ **Incorporation No:** _____

Address: _____

City: _____ **State:** _____

Post Code/Zip Code: _____ **Country:** _____

Nature of Business: _____

Holding: _____

2.0 – SETTLOR, PROTECTOR AND BENEFICIARIES AND OTHER CONNECTED PERSONS OR LEGAL ENTITIES

Please provide details of who will be the beneficiaries, settler, protector(s) of the Trust. We will require detailed information about the proposed settler, protector and beneficiaries after stating the connected persons and/or legal entities below. Please complete a page in Section 3 for each person or legal entity who is to be connected to the Trust.

Names of Individuals or Legal Entities	Please cross the appropriate boxes		
	Settlor	Protector	Beneficiary
Example: Mr John Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1 - ACCOUNTING

It is our policy that financial statements shall be prepared annually in accordance with best practice and the cost thereof charged to the Trust:

It is our policy that financial statements shall be prepared annually in accordance with best practice and the cost thereof charged to the Trust:

Accounting Currency: Sterling US Dollar Other

If other, please specify: _____

2.2 – BANK ACCOUNTS

OCRA Worldwide will nominate a bank to be used unless otherwise specified. The bank account signatories will be in accordance with our signatory list in force from time to time that always requires two signatories:

Bank (If not OCRA's nominated bank): _____
 Currency(ies): _____
 Type(s) of Account(s): _____

3.0 – PERSONAL INFORMATION ABOUT THE PERSON WISHING TO ESTABLISH THE SEYCHELLES TRUST

Title (e.g. Mr, Mrs, Dr): _____ Family Name: _____
 First and Other Names: _____ Former names: _____
 Occupation: _____ Languages: _____
 Passport Number: _____ Date of Birth: _____
 Nationality: _____ Place of Birth: _____

Please attach information and documentation as detailed in Appendix A

3.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address: _____

 City: _____ State: _____
 Post Code/Zip Code: _____ Country: _____
 Home Telephone: _____ Personal Mobile: _____
 Home Fax: _____ Home Email: : _____

3.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES

Company Name: _____ Country of Incorporation: _____
 Contact Person: _____ Incorporation No: _____
 Address: _____

 City: _____ State: _____
 Post Code/Zip Code: _____ Country: _____
 Office Telephone: _____ Office Mobile: _____
 Office Fax: _____ Office Email: _____

3.3 – PREFERRED METHOD OF CONTACT – Please indicate by ticking a box

Home Telephone: Home Mobile: Home Fax: Home Email: Home Mail: Home Courier:
 Office Telephone: Office Mobile: Office Fax: Office Email: Office Mail: Office Courier:

SPECIAL INSTRUCTIONS:

3.4 – SOURCE OF WEALTH

If you are the principal please provide a brief description as to the origin of your wealth and the period over which it was generated.

Please complete this page for each beneficiary. If a legal entity is connected to the Trust please fill in sections 4.2, 4.3, 4.4 and 4.5. Please copy if necessary.

4.0 – PERSONAL INFORMATION ABOUT THIS BENEFICIARY

Title (e.g. Mr, Mrs, Dr): _____ Family Name: _____
 First and Other Names: _____ Any former names: _____
 Occupation: _____ Language: _____
 Passport Number: _____ Date of Birth: _____
 Nationality: _____ Place of Birth: _____

Please attach information and documentation as detailed in Appendix A

4.1 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address: _____

 City: _____ State: _____
 Post Code/Zip Code: _____ Country: _____
 Home Telephone: _____ Personal Mobile: _____
 Home Fax: _____ Home Email: _____

4.2 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES

Company Name: _____ Country of Incorporation: _____
 Contact Person: _____ Position Held: _____
 Address: _____

 City: _____ State/County: _____
 Post Code/Zip Code: _____ Country: _____
 Office Telephone: _____ Office Fax: _____
 Office Mobile: _____ Office Email: _____

4.3 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box

Home Telephone: Home Mobile: Home Fax: Home Email: Home Mail: Home Courier:
 Office Telephone: Office Mobile: Office Fax: Office Email: Office Mail: Office Courier:

4.4 – RELATIONSHIP WITH THE PERSON WISHING TO ESTABLISH THE SEYCHELLES TRUST

Please provide information about this beneficiary to include the relationship (if any) with the person wishing to establish the Seychelles Trust and any other pertinent information.

4.5 SPECIAL INSTRUCTIONS REGARDING THIS BENEFICIARY

5.0 – PROTECTOR OF THE TRUST

I would like to appoint a protector to oversee the affairs of the Seychelles Trust Yes No
 If no please go to Section 6

5.1 PROTECTOR DETAILS

Title (e.g. Mr, Mrs, Dr): _____ Family Name: _____
 First and Other Names: _____ Any former names: _____
 Occupation: _____ Language: _____
 Passport Number: _____ Date of Birth: _____
 Nationality: _____ Place of Birth: _____

Please attach information and documentation as detailed in Appendix A

5.2 – PERMANENT RESIDENTIAL ADDRESS AND CONTACT DETAILS

Address: _____

 City: _____ State/Region: _____
 Post Code/Zip Code: _____ Country: _____
 Home Telephone: _____ Personal Mobile: _____
 Home Fax: _____ Home Email: _____

5.3 – OFFICE ADDRESS AND CONTACT DETAILS - FOR PERSONS AND LEGAL ENTITIES

Company Name: _____ Country of Incorporation: _____
 Contact Person: _____ Position Held: _____
 Address: _____

 City: _____ State/Region: _____
 Post Code/Zip Code: _____ Country: _____
 Office Telephone: _____ Office Fax: _____
 Office Mobile: _____ Office Email: _____

5.4 - PREFERRED METHOD OF CONTACT – Please indicate by ticking a box

Home Telephone: Home Mobile: Home Fax: Home Email: Home Mail: Home Courier:
 Office Telephone: Office Mobile: Office Fax: Office Email: Office Mail: Office Courier:

SPECIAL INSTRUCTIONS:

5.5 – PROTECTORS POWERS

Please provide any specific instructions (if any) regarding the Protectors powers and reporting requirements.

6.0 – PAYMENT OF INITIAL FEES**OPTION A – CREDIT CARD**Type of Card: MasterCard Amex Visa Diners Expiry Date Card Number: Today's Date Card Security Code (3 digits on reverse of card for VISA/MasterCard or 4 digits on front of AMEX card) Card Holder's Name (as shown on card) Billing Address Authorising Signature After debiting my card: Do nothing at all Phone MeSend an email/ fax to **OPTION B – BANK TRANSFER**A bank transfer of USD/GBP/Euro Has been forwarded to OCRA (Mauritius) Limited's account at:

Barclays Bank Plc, 200 Park Avenue, New York, United States Of America - Account No: 28037304495

For further credit to: Barclays Bank Plc

Currency	Account Number	Swift Code	IBAN Number
<input type="checkbox"/> USD	7475021	BARCMUMUMAF	MU69 BARCO 3050000074750210 00

Please quote a reference including the Trust being established.

Person/Company making transfer: Bank from which transfer was sent: Date transfer was made: **OPTION C – CHEQUE AND TRAVELLERS CHEQUES**A cheque for the USD/GBP/Euro is attached is being sent**OPTION D – BANKERS ORDER**A bankers order for the USD/GBP/Euro is attached is being sent**6.1 – PAYMENT OF FUTURE TRUSTEE FEES – please select from the options below****OPTION A** DEBIT CREDIT CARD (details above) Yes No**OPTION B –** SEND INVOICE TO MAILING ADDRESS OF SEND INVOICE TO THIS EMAIL ADDRESS

Or the following person (name and address):

OPTION C – DEBIT TRUST'S BANK ACCOUNT Yes NoSend copy of invoice to mailing address of (if applicable):

7.0 - DECLARATION OF THE SETTLOR(S)

The following declaration needs to be made by the Settlor(s). If necessary, please photocopy this form.

1. I the undersigned being the Settlor(s) of the proposed Trust confirm that I/we understand and acknowledge that OCRA Worldwide may be requested to disclose our identity and provide information and release documentation relating to the verification of my/our identity(ies), address(es) and good standing and those Trust beneficiaries to the Banker, Stockbroker, Discretionary Investment Portfolio Manger (as the case may be and in order to satisfy their own "Know your Client" requirements of the Trust and I/we hereby confirm that I/we consent to the disclosure of such information in respect of myself/ourselves and my/our minor children for the purposes of opening such bank. Stock broking or investment account (as the case may be) provided that is in the pursuance of business or operational activities of the trust.
2. I/we understand that separate authority may be required from third parties for the release of their own personal information and that such cases will be dealt with on an individual basis.
3. I/we confirm that I have neither been offered nor have received legal or tax advice from OCRA Worldwide.
4. I/we confirm that I have taken appropriate tax and legal advice with regard to the establishment of the Trust and acknowledge that it is our responsibility to obtain legal/tax advice before transferring any assets to the Trust and to review such advice on a regular basis to ensure it is appropriate to my/ our personal circumstances.
5. I/we hereby confirm that I have not, and none of the named beneficiaries nor any Trust holding, a beneficial interest has, in any part of the world been declared bankrupt or has a director or otherwise concerned in the management of any company or trust which has been subject to insolvent liquidation or been the subject of judicial enquiry or has been disqualified from acting as a director in any jurisdiction.
6. I/we as Settlor(s), declare that I am/we are solvent and do no intend to defeat foreseeable creditors.
7. I/we the undersigned being the Settlor(s) of the proposed Trust declare that the particulars and information provided in this form are accurate and complete to the best of my/our knowledge and belief. I/we understand that receipt of this order form by OCRA Worldwide does not imply acceptance and that the Trust will be established only after our business acceptance policies and procedures have been satisfied.
8. I/We hereby authorise OCRA Worldwide to release information to the person(s) contained in 6.0 above.
9. I/We hereby confirm that I/we are the sole owner(s) of the assets to be transferred to the Trust and that such assets are free from encumbrances and are not subject to any third party claims or rights.
10. I/we confirm that I/we have read and will abide by the Mandate and Terms of Business or such other new Terms of Business as may, from time to time, be published on http://www.ocra.com/about_ocra/terms.asp
11. I/we agree to the fees set out and understand that future fees (including a termination fee) will be charged in accordance with our schedule.

Completed by the Settlor(s)

Name: _____	Name: _____
Capacity: _____	Capacity: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Witnessed by:

Name: _____	Title: _____
Address: _____	

Signature: _____	Date: _____

7.1 – FAX INDEMNITY REQUIRED

This is necessary to enable the Trustees to accept requests by Fax. If it is not completed, requests cannot be considered until the requested document bearing the original signature is received. Please tick just YES or NO. If YES, a signed, witnessed and dated fax indemnity letter in our standard format will be required.

YES NO

7.2 - RELEASE OF INFORMATION TO THIRD PARTIES

Please indicate if you require information released to third parties such as your accountant/legal advisor/investment advisor. We will prepare an authority letter for your signature from the details you provide. This authority will remain in force until cancelled.

Name: _____	Title: _____
Address: _____	

Telephone: _____	Facsimile: _____

CLIENT ENGAGEMENT PROCEDURES AND GUIDANCE NOTES

Our overriding statutory duty regarding the prevention of terrorism, drug trafficking and money laundering means that we are committed to undertaking a full and thorough due diligence of both our clients' identities and the nature of their businesses. Whilst we respect the confidentiality of our clients, we are obliged by law to obtain the following information relating to all beneficial owners, directors, shareholders, bank account signatories and all parties connected in any way to any company, business entity, trust or foundation we may form or administer:

- Proof of Identity
- Source of Wealth
- Proof of Residential Address
- Curriculum Vitae

PROOF OF IDENTITY

1. To establish the identity and signature of all parties mentioned in your application clients must provide a copy of ONE of the following:
 - Current Valid Full Passport
 - Current Valid National ID Card
2. Such copy must bear a clear photograph, the holders signature and the document number.
3. The copy must be certified by a manager of an OCRA Worldwide office or any of the following:
 - A notary public
 - A lawyer
 - A banker
 - Another professional person.
4. The person undertaking the certification should be a member of a professional organisation that publishes certified lists of its members and the professional body must be clearly identified under their signature and the certification must be in English or a translation from an independent accredited translator must be attached.
5. The documents sent to us must bear the **original signature** of the person certifying the identity document; it must not be a copy.
6. The person certifying the Proof of Identity must have sight of the original Proof of Identity and certify the copy in the presence of the individual concerned by inserting the following text (or similar) on the copy:

Having seen the individual and the identification documentation at the same time, I certify this is a true copy of the original and that the photograph is a reasonable likeness.

<i>Name</i>	<i>Signature</i>
<i>Company</i>	<i>Position/Capacity</i>
<i>Phone</i>	<i>Email Address</i>
<i>Date</i>	<i>Membership No (if applicable)</i>

PROOF OF RESIDENTIAL ADDRESS - This is a mandatory and a regulatory requirement

To validate the home address of all parties mentioned in your application, please provide ONE of the following dated within the last three months, for each party:

- **Original** utility bill (a telephone bill [mobile telephone bills are not acceptable], electricity etc.).
- **Original** bank or mortgage statement from a recognised bank.
- **Original** credit card statement.
- **Original** bank reference, confirming the home address, from a recognised bank, addressed to OCRA Worldwide.

If you are unable to supply any of these documents you should contact us.

SOURCE OF WEALTH

A statement is required from the owner(s) providing a brief description as to the origins of his/her wealth and the period over which the wealth was generated.

CURRICULUM VITAE

In order to understand our clients' backgrounds and to assist in the opening of bank accounts we require information about our clients' work experience, education and qualifications. Additionally, regulations in certain jurisdictions oblige OCRA Worldwide to hold C.V.'s on each of its clients.

DELIVERY OF ORIGINAL DOCUMENTATION

These may be faxed to us for review but the originals must be sent to us by courier or mail and regretfully we cannot undertake work until the originals have been received. All documents must be in English or if not then a translation from an independent and accredited translator should be attached.

NOTES: