

APPLICATION FOR THE FORMATION OF AN ANTIGUA AND BARBUDA TRUST

GENERAL INFORMATION – PLEASE PRINT (**optional, unless specifically requested)

Full Name

Former name (s)

Nationality

Occupation

Address

Address

Address

Social Security or Passport No. **

Residence Tel

Fax

Business Tel

E- Mail

DESIRED NAME FOR TRUST– In order of preference & including suffix, E.g., Inc., Ltd., Corp.

1. _____ 2. _____

3. _____ 4. _____

ASSETS TO BE SETTLED

USD

Initial Assets

Additional Assets

DETAILS OF TRUSTEE

NAUTICAL MANAGEMENT SERVICES LIMITED

51A St. Mary's Street,
St. John's, Antigua

DETAILS OF CO-TRUSTEE

Name

Nationality

Address

Address

DETAILS OF SETTLOR

Name

Nationality

Address

Address

DETAILS OF PROTECTOR/ENFORCER

Name of Protector

Nationality

Address

Address

Name of Enforcer

Nationality

Address

Address

DETAILS OF BENEFICIARY (IES)

1.	Name	Nationality
	Address	Address
2.	Name	Nationality
	Address	Address
3.	Name	Nationality
	Address	Address

DETAILS ANY UNDERLYING COMPANY

Name of Company	Jurisdiction
Registered Agent	Address
Address	Address

DUE DILIGENCE – Name and address of a bank or similar financial institution or a recognised professional to whom the applicant is known

Name

Address

Address

Address

I certify that the information provided is true and accurate, I authorize Nautical Management Services Limited, to conduct any due diligence that they may deem to be necessary.

PLEASE SIGN THIS AUTHORISATION AND RETURN BY MAIL OR FAX

Signature of Applicant

Date

SOURCE OF FUNDS DECLARATION

NAME OF CUSTOMER/COMPANY			
ADDRESS			
OCCUPATION	TELEPHONE NO: FAX NO: EMAIL ADDRESS:	DATE OF BIRTH	
PERSONAL IDENTIFICATION (One only Two in case of Non-Client)			
NATIONAL ID CARD NO.	DRIVER'S LICENCE NO.	PASSPORT NO.	COUNTRY, STATE AND DATE OF ISSUE
I declare that the source of funds is:			

This information is for Nautical Management Services Limited only. This information will not be disclosed to a second or third party.