

Client Due Diligence Questionnaire

Trust

Please Complete the Details Below

Relationship to applicant:	<input type="text"/>
Trust name:	<input type="text"/>
Identification number	<input type="text"/> (e.g. tax identification number or registered charity number)
Proper law of Trust:	<input type="text"/>
Date of creation:	<input type="text"/>
Name of each Settlor:	<input type="text"/>
Purpose of Trust:	<input type="text"/>
Name of each Trustee (if operated by a regulated entity in an approved jurisdiction (see appendix 3) simply state name and regulator):	<input type="text"/>
Name of each Protector:	<input type="text"/>
Beneficiaries likely to benefit:	<input type="text"/>

Documents required (original or suitably certified as per appendix 1):

- True copy of an extract of the trust deed (evidencing name of trust, date of establishment/registration, appointment of Trustee, powers, mailing address of Trustee, Trustee's capacity to invest and signature pages); and
- Completed Client Due Diligence Questionnaires for each of the following parties:
 - Each Trustee (if regulated, please provide details of regulator as this may simplify the process).
 - Each Protector.
 - Each Settlor.
 - Any beneficiary likely to benefit who is over the age of 18.

RAW Capital Partners will require the original version of this questionnaire fully completed and submitted with associated client due diligence documents all with original signatures, before providing any services.

I hereby certify that to the best of my knowledge the information contained on this form and other accompanying documentation is correct, complete and not misleading and that I am duly authorised to sign such documentation in the capacity stated below.

Name (please print):	<input type="text"/>		
Signature:	<input type="text"/>		
Professional capacity:	<input type="text"/>		
Date:	<input type="text"/>	Phone no:	<input type="text"/>
Email address:	<input type="text"/>		