



Law

Trust Structure Questionnaire

This document should be read alongside our Anti-Money Laundering Requirements document which can be found on the client area of our website.

In order to comply with money laundering regulations, we need to understand the full ownership and control structure of the Trust. We also need to be provided with a copy of your Trust Registration Service Certificate.

Please complete and return this questionnaire as soon as possible. Please also complete/update this document, or let us know, if the Trust structure changes.

Trust Structure Questionnaire for completion and return to RDP Law Limited with a copy of your Trust Registration Service Certificate.

Trust Name as set out in the Trust Deed:	
Address of the Trust:	
Your full name and position:	
RDP reference (from the cover letter):	
Full names of all Trustees:	
Full names of Settlor(s): (i.e. the person(s) who set up the Trust/provided the Trust Fund)	

<p>Type and Purpose of the Trust:</p>	
<p>Date the Trust was established:</p>	
<p>Date the Trust was registered with HMRC:</p>	<p>Please provide a copy of the Trust Registration Service Certificate when returning this form.</p>
<p>Source of Wealth: (i.e. the source of the Trust Fund - where did the Settlor(s) obtain this?)</p>	
<p>Country of Establishment: (i.e. where was the Trust set up, which country?)</p>	
<p>Country of residence of the Settlor(s) at the time the Trust was set up:</p>	
<p>Is(are) the Settlor(s) currently living in the UK? If not, please provide details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details:</p>
<p>Do all the Trustees live in the UK for tax purposes? If no, please provide details of place of residence outside of the UK.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details:</p>

Full names, addresses and dates of birth for all beneficiaries or class of beneficiaries:

	Names:	Address:	Date of birth:
1)			
2)			
3)			
4)			

Please use additional information box at the end of this form if more space is required.

Signed:

Date:

Additional Information

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