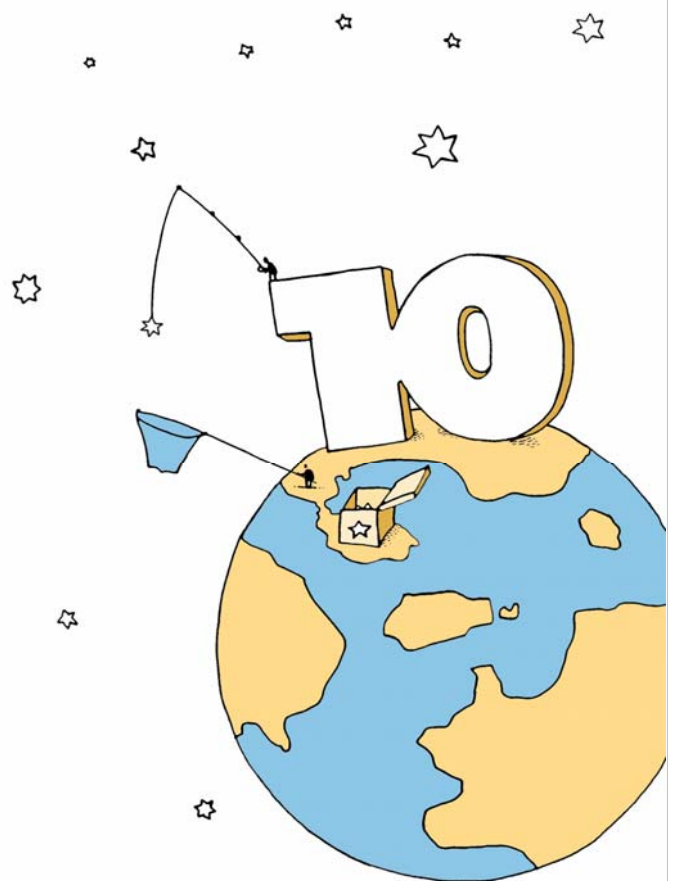


TRUST CLIENT QUESTIONNAIRE



Advisers to entrepreneurs

1 - PROPOSED TRUST NAME

Please provide a list of proposed trust names.

First Choice _____

Second Choice _____

2 – TRUST INFORMATION

Please provide details:

Type of Trust (Discretionary etc) _____

Protector? YES / NO _____

Other Parties? _____

Amount of Initial Corpus and Additional Funds? _____

Longstop beneficiary? _____

Any special provisions? _____

3 – PURPOSED TRUST ACTIVITY

Trust activity, assets, purpose, volume and proposed value – Please provide details (E.g. Property Owning, type of property). Is there a business plan

Have you been provided with a draft trust deed? Yes / No

If no would you like Tenon (IOM) Ltd to arrange for a deed to be drafted? Yes / No

Has tax advice been taken? Yes / No

Please provide a copy of the advice or details on where a copy can be obtained _____

4 – AREAS OF ACTIVITY

Location of any proposed assets/activity

5 – SETTLOR / BENEFICIARIES / PROTECTORS

Please provide details of who will be the Settlor, Beneficiaries and Protectors.

Name	Settlor / Beneficiary / Protector
(1)	
(2)	
(3)	
(4)	

(5)

6 – PERSONAL INFORMATION ABOUT THE SETTLOR

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

PREFERRED METHOD OF CONTACT

Home/Mobile Telephone: _____ Email: _____
Office Telephone: _____ Fax: _____

SPECIAL INSTRUCTIONS: _____

PERSONAL INFORMATION ABOUT THE BENEFICIARIES

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

PREFERRED METHOD OF CONTACT

Home/Mobile Telephone: _____ Email: _____
Office Telephone: _____ Fax: _____

SPECIAL INSTRUCTIONS: _____

PERSONAL INFORMATION ABOUT THE BENEFICIARIES

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

PREFERRED METHOD OF CONTACT

Home/Mobile Telephone: _____ Email: _____
Office Telephone: _____ Fax: _____

SPECIAL INSTRUCTIONS: _____

PERSONAL INFORMATION ABOUT THE BENEFICIARIES

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

PREFERRED METHOD OF CONTACT

Home/Mobile Telephone: _____

Email: _____

Office Telephone: _____

Fax: _____

SPECIAL INSTRUCTIONS: _____

PERSONAL INFORMATION ABOUT THE PROTECTOR (IF APPLICABLE)

Title (e.g. Mr, Mrs, Dr): _____ Family Name: _____

First and Other Names: _____ Former names: _____

Occupation: _____ Date of Birth: _____

Passport Number: _____ Place of Birth: _____

Nationality: _____

PREFERRED METHOD OF CONTACT

Home/Mobile Telephone: _____

Email: _____

Office Telephone: _____

Fax: _____

SPECIAL INSTRUCTIONS: _____

7 – SOURCE OF WEALTH/FUNDS

Please provide a description as to the origin of your wealth and the period over which it was generated. (e.g. If from property sales please provide details of properties/contracts). If funds are being provided by third parties please provide relevant details and KYC. Also please provide details of where the funds will be coming from (e.g. Bank account name and number)

8 – RELATIONSHIPS

Have you an existing relationship with Tenon Group PLC or any of its subsidiaries: YES/NO

9 – PERSONAL DECLARATION

In the last year, have you or a family member or close associate (including anyone with a close business relationship, e.g. joint ownership of company, partnership, or anyone benefiting from any company/other entity you own) held the position of:

- Head of state, minister, deputy or assistant minister?
- Member of parliament?
- Member of Supreme Court, of a constitutional court or other high-level judicial body?
- Member of court of auditors or of the Board of the Central Bank?
- Ambassador, charges d'affaire or high-ranking officer in the armed forces?
- Member of the administrative, management or supervisory bodies of a state-owned enterprise?

YES / NO

9 – DECLARATION

1. I/we, the person(s) whose name(s) appear below, declare and by our signature below, confirm that I/we are the Settlor/s of the Trust
2. I/we understand that I/we may have an obligation to report our interest in the trust in personal tax returns; I/we will take advice on and comply with my/our own legal obligations in this respect; and the trust will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I/we understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
3. I/we declare that my/our "Source of Wealth/Funds" as mentioned in the foregoing has been generated solely from legal activities and/or sources and is entirely attributable to me/us.
4. I/we have never been convicted of any criminal offence (other than a minor motoring offence) nor have I/we ever been subject of an investigation by a governmental, professional or other regulatory or statutory body.

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

PROOF OF IDENTITY

- 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 Passport
 - Current Valid National ID Cards
 - Current Valid Driving Licence
- Such copy must bear a clear photograph, the holders signature and the document number.
- The copy must be certified by
 - A notary public
 - A lawyer
 - A banker
 - Another professional person.
- 'The certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity on it and provide his/her contact details and professional qualification. The certifier must state that it is a true copy of the original, that the photograph is a true likeness of the individual concerned.'

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 Tenon (IOM) Ltd

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

NOTES