QU	ESTIONNNAIRE - C	REATIO	N OF AN INTER V	IVOS TRU	ST		S-BRO
	. <u>INFORMATION OF THE CLI</u>						S-DICO
a.	CLIENT - NAME:						
b.	ID NUMBER / REGISTRATION NUMBER:						
c.	POSTAL ADDRESS:						
d.	PHYSICAL ADDRESS:						
e.	E-MAIL						
f.	TEL. NUMBER:						
g.	VAT NUMBER:						
_							
В	. <u>NEW TRUST:</u>		(Add the word 'TRUST')				
a.	TRUST NAME?						
b.	BANK ACCOUNT (1) BANK NAME & (2) BRANCH?						
c.	CITY/ TOWN - BANK ACCOUNT?						
C	. FOUNDER OF THE TRUST:		(If a company, mention the company name	and nr in the 1st line and	l the representative's	name and ID nr in the	e line below:)
a.	IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of						
b.	INDIVIDUAL: ID NUMBER / REGISTRATION NUMBER:						
c.	TEL. NUMBER:						
d.	POSTAL ADDRESS (box no, city, code):						
e.	PHYSICAL ADDRESS (str name & no, city, code):						
f.	ALSO A BENEFICIARY?		YES / NO	g. MARRIED?			
h	. ALSO A TRUSTEE?		YES / NO	•	Out of C.O.P.	in C.O.P.	No
D	. TRUSTEE 1 OF THE TRUST:						
a.	(1) FULL NAMES AND (2) SURNAME:						
b.	ID NUMBER / REGISTRATION NUMBER:					L	
c.	(1) TEL. NUMBER & (2) EMAIL:						
d.	POSTAL ADDRESS (box no, city, code):						
e.	PHYSICAL ADDRESS (str name & no, city, code):						
f.	OCCUPATION: mention in English						
g.	PREVIOUS EXPERIENCE AS TRUSTEE? MENTION TRUST						
h.	ALSO A BENEFICIARY?		YES / NO	i. MARRIED?			
E	TRUSTEE 2 OF THE TRUST:			L	Out of C.O.P.	in C.O.P.	No
a.	(1) FULL NAMES AND (2) SURNAME:						
b.	(I) FULL NAMES AND (2) SURNAME: ID NUMBER / REGISTRATION						
-	NUMBER: (1) TEL NUMBER & (2) FMAIL:						
	(1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no. city, code):						
d. e.	POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no,						
e	city, code):						
f. g.	OCCUPATION: mention in English PREVIOUS EXPERIENCE AS						
	TRUSTEE? MENTION NAME		VIDG (NO	. Minner			
h.	ALSO A BENEFICIARY?		YES / NO	i. MARRIED?	Out of C.O.P.	in C.O.P.	No
			Signed: client			Date	

. TRUSTEE 3 OF THE TRUST:		pany, mention the company name a ID nr in the line below:)	and nr in the 1st line and	I the representative's		S-BR
IF COMPANY, THE NAME & NO, OTHERWISE (1) FULL NAMES AND (2)						
SURNAME of INDIVIDUAL: ID NUMBER / REGISTRATION NUMBER:						
(1) TEL. NUMBER & (2) EMAIL:						
POSTAL ADDRESS (box no, city, code):						
PHYSICAL ADDRESS (str name & no, city, code):						
OCCUPATION: mention in English						
PREVIOUS EXPERIENCE AS TRUSTEE? MENTION NAME			Т			
ALSO A BENEFICIARY?	YES / NO	i.	MARRIED?	Out of C.O.P.	in C.O.P.	No
. TRUSTEE 4 OF THE TRUST:	(If a comp	pany, mention the company name a	and nr in the 1st line and			e line below:)
IF COMPANY, THE NAME & NO,				•		
OTHERWISE (1) FULL NAMES AND (2) SUBNAME OF INDIVIDITAL: ID NUMBER / REGISTRATION NUMBER:						
(1) TEL. NUMBER & (2) EMAIL:						
POSTAL ADDRESS (box no, city, code):						
PHYSICAL ADDRESS (str name & no, city, code):						
OCCUPATION: mention in English						
PREVIOUS EXPERIENCE AS TRUSTEE? MENTION NAME						
			T			
ALSO A BENEFICIARY?	YES / NO	i.	MARRIED?	Out of C.O.P.	in C.O.P.	No
ALSO A BENEFICIARY?	7.	i. Dany, mention the company name a	L			
ALSO A BENEFICIARY?  • ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1)	7.		L			
ALSO A BENEFICIARY?  ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDIAL:	7.		L			
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDIAL. ID NUMBER / REGISTRATION NUMBER:	7.		L			
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDIAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code):	7.		L			
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDIAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code):	7.		L			
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no,	7.		L			
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDIAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code):	7.	pany, mention the company name a	and nr in the 1st line and		name and ID nr in the	e line below:)
ALSO A BENEFICIARY?  I. ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL.  ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  I. ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL.  ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  I. ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  I. ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL.  ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?  INCOME BENEFICIARIES:  (No par	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  I. ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?  INCOME BENEFICIARIES:  (No par	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?  INCOME BENEFICIARIES:  (No par	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:
ALSO A BENEFICIARY?  . ACCOUNTANT OF THE TRUST  IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDITAL. ID NUMBER / REGISTRATION NUMBER:  (1) TEL. NUMBER & (2) EMAIL:  POSTAL ADDRESS (box no, city, code): PHYSICAL ADDRESS (str name & no, city, code): OCCUPATION: ALSO A TRUSTEE?  INCOME BENEFICIARIES:  (No par	YES / NO	h. AFFILIATION?	and nr in the 1st line and	the representative's n	i.Affili	ation no:

Signed: client

Date