

QUESTIONNAIRE - CREATION OF AN INTER VIVOS TRUST**A. INFORMATION OF THE CLIENT:**

a. CLIENT - NAME:

b. ID NUMBER / REGISTRATION NUMBER:

c. POSTAL ADDRESS:

d. PHYSICAL ADDRESS:

e. E-MAIL

f. TEL. NUMBER:

g. VAT NUMBER:

B. NEW TRUST:

(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 the representative's name and ID nr in the line below:)

a. IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDUAL:

b. 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?

Out of C.O.P.

in C.O.P.

No

h. ALSO A TRUSTEE?

YES / NO

D. TRUSTEE 1 OF THE TRUST:

a. (1) FULL NAMES AND (2) SURNAME:

b. ID NUMBER / REGISTRATION NUMBER:

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?

Out of C.O.P.

in C.O.P.

No

E. TRUSTEE 2 OF THE TRUST:

a. (1) FULL NAMES AND (2) SURNAME:

b. ID NUMBER / REGISTRATION NUMBER:

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 NAME

h. ALSO A BENEFICIARY?

YES / NO

i. MARRIED?

Out of C.O.P.

in C.O.P.

No

Signed: client

Date



F. TRUSTEE 3 OF THE TRUST:

(If a company, mention the company name and nr in the 1st line and the representative's name and ID nr in the line below:)

a. IF COMPANY, THE NAME & NO, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDUAL:			
b. ID NUMBER / REGISTRATION NUMBER:			
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 NAME			
h. ALSO A BENEFICIARY?	YES / NO	i. MARRIED?	
			Out of C.O.P. in C.O.P. No

G. TRUSTEE 4 OF THE TRUST:

(If a company, mention the company name and nr in the 1st line and the representative's name and ID nr in the line below:)

a. IF COMPANY, THE NAME & NO, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDUAL:			
b. ID NUMBER / REGISTRATION NUMBER:			
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 NAME			
h. ALSO A BENEFICIARY?	YES / NO	i. MARRIED?	
			Out of C.O.P. in C.O.P. No

H. ACCOUNTANT OF THE TRUST:

(If a company, mention the company name and nr in the 1st line and the representative's name and ID nr in the line below:)

a. IF COMPANY, THE NAME, OTHERWISE (1) FULL NAMES AND (2) SURNAME of INDIVIDUAL:			
b. ID NUMBER / REGISTRATION NUMBER:			
c. (1) TEL. NUMBER & (2) EMAIL:			
d. POSTAL ADDRESS (box no, city, code):			
e. PHYSICAL ADDRESS (str name & no, city, code):			
f. OCCUPATION:			
g. ALSO A TRUSTEE?	YES / NO	h. AFFILIATION?	
			i. Affiliation no:

I. INCOME BENEFICIARIES:

(Normally the capital - and income beneficiaries are the same persons. Also consider whether to stipulate beneficiaries by name or as a class, and whether parents should be included as beneficiaries or not)

J. CAPITAL BENEFICIARIES:

K. OTHER SPECIAL REQUESTS:

Signed: client

Date