

CLIENT QUESTIONNAIRE FOR TRUST BUSINESS



RIVERSIDE TRUSTEES LIMITED

The purpose of this form is to gather personal information about you and your family sufficient to enable us to discharge our Singapore legal and regulatory obligations concerning anti-money laundering and countering the financing of terrorism.

It is possible that we may ask you to provide further information to verify the source of any monies or assets with which we may be asked to accept in our capacity as trustee.

We will retain copies of all documents which you provide to us to enable us to verify your identity, your residential address, the source of your wealth and the source of the funds you may introduce to any entities that we may establish or manage for you.

All information that you provide will be kept confidential unless we are required by law or a Court Order to disclose it.

We would be grateful if you could please complete the entire form and either return the original to us, signed by you with your signature witnessed and dated or send us a copy via e-mail.

Failure to complete the form honestly may result in our inability to take you on as a client.

Riverside Trustees Limited
One North Bridge Road
06-16 High Street Centre
Singapore
179094

Please provide the following information about you and your family:

CLIENT'S DETAILS	
FULL NAME: (Please underline your family name) Chinese Characters if applicable	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline your family name)	
TITLE: MR/MRS/MS/OTHER	
MARITAL STATUS:	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
PREVIOUS RESIDENTIAL ADDRESS IF LESS THAN 3 YEARS:	
TAX DOMICILE:	
TELEPHONE NO(S): (home) / (mobile)	
EMAIL ADDRESS: (personal) / (business)	
OCCUPATION:	
NAME OF CURRENT EMPLOYER: Chinese character of Employer	
NATURE OF BUSINESS:	
RANGE OF ANNUAL INCOME:	
ARE YOU A POLITICALLY EXPOSED PERSON ("PEP") OR RELATIVE AND CLOSE ASSOCIATE ("RCA"):-Please see final page for definition. POSITION HELD: COUNTRY OF POLITICAL EXPOSURE:	
ARE YOU / WILL YOU BE A BENEFICIARY OF THE TRUST?	

Please note:

1. If you are setting up the trust with one or more other people, please provide the details for all other people.
2. If a company or trust is to settle funds into your trust, please provide us with as many details as you can.

FIRST NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

SECOND NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

THIRD NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

FOURTH NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

FIFTH NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

SIXTH NON-SETTLOR BENEFICIARY'S DETAILS

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	

PROTECTOR'S DETAILS**(Note: You do not need to appoint a protector and may leave this section blank)**

FULL NAME: (Please underline family name)	
PREVIOUS/MAIDEN/ALIAS NAME(S) (Please underline family name)	
DATE OF BIRTH/GENDER:	DOB: /GENDER:
NATIONALITY/CITIZENSHIP: (If more than one, please state all)	
IDENTITY CARD / PASSPORT NUMBER: (Please state which)	
ISSUING COUNTRY OF ID CARD / PASSPORT:	
MAIN RESIDENTIAL ADDRESS:	
TELEPHONE NO(S): (home) (mobile)	
EMAIL ADDRESS: (personal) (business)	
RELATIONSHIP TO SETTLOR:	
PROTECTOR SPECIMEN SIGNATURE:	

CURRENT TRUSTEE'S DETAILS**(Note: only applicable if your trust is already established)**

FULL NAME:	
FULL ADDRESS:	
NAME OF CONTACT(S):	
TELEPHONE NUMBER OF CONTACT:	
EMAIL ADDRESS OF CONTACT:	

SERVICES REQUIRED: **Please tick the required box.*

Estate/Succession Planning/Will/LPA Drafting

Trust or Company Administration & Support Services:

Trust

Company

Private Trust Company

Employee Benefit Trust

Pension Scheme

Other (*please specify*):**Please detail the asset(s) you intend to transfer:****Please explain the purpose and rationale of the proposed arrangement:****Please summarise the expected transactional activity in the proposed arrangement:**

DECLARATION AND SIGNATURE:

I/we declare that: -

I have read the notes appended to this questionnaire, the information provided in this questionnaire is true and correct and can be used by Riverside Trustees Limited or its affiliated group entities.

I confirm that I am the beneficial owner of all assets that I will ask you to hold as trustee.

I am not insolvent, have never been declared bankrupt and I am not a principal of any business that has been the subject of a bankruptcy order.

I am not under any investigation or involved in any legal or administrative proceedings, nor am I aware of any that legal or administrative proceedings that are likely to be brought by or against me.

There are no pending or threatened claims against me or in respect of the assets subject to the requested services and that I am not aware of any basis or grounds upon which any such claim could be made.

I will provide you with all and any further information which you may require or request.

I understand that you may be required by a government authority to further investigate and determine the source of my assets and funds, and I undertake to provide you with any necessary information and explanations to establish that the source of funds subject to the requested services is from a lawful activity.

I understand that Riverside Trustees Limited will rely on the information provided by me in this Client Questionnaire when determining whether it can enter into a business relationship with me.

I will use all reasonable endeavours to learn if a person referred to in this form is a politically exposed person or a family member or close associate of a politically exposed person and I will promptly provide you with full details if I discover this to be the case.

I agree to provide Riverside Trustees Limited with any updated information should there be any relevant changes to the information provided as part of this application.

I declare that my tax affairs are up to date and any funds or assets settled are not proceeds of tax evasion.

I have been made fully aware of the fees and charges attributable to the services being requested from Riverside Trustees Limited.

Print Full Name(s):		
Signature:		Date: