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Business Registration Number : C06025405

Dale International Trust Company Limited

TRUST FORMATION

AND

ADMINISTRATION AGREEMENT



TRUST FORMATION AND ADMINISTRATION AGREEMENT

Please read the instructions carefully before supplying the requested information. The form should be typed or completed in block capitals.

SECTION 1 – THE “TRUST COMPANY”

Dale International Trust Company Limited
 3rd Floor, Tower A
 1 Cybercity
 Ebene
 Mauritius

SECTION 2 – “THE SETTLOR”

1. Please provide information about the Settlor

Full Name	
Permanent Residential Address	
Please advise of any sensitivity with regard to correspondence, telephone calls or faxes	
Correspondence address (if different from above)	
Home Telephone	
Business Telephone	
Mobile	
Home Fax	
Business Fax	
E-mail	
Nationality	
Date of Birth (dd/mm/yy)	
Place of birth	
Domicile of origin (if different from country of birth)	
Present domicile (if different from domicile of origin) and date acquired (dd/mm/yy)	
Profession (former, if retired)	
Occupation (nature of business, if self-employed)	



Employer's name and address	
Country of residence for tax purposes	
Contemplated/imminent country of residence (if change is contemplated or is imminent) – provide details	
Marital Status	
Date of marriage	
Name of spouse/partner in full	
Date of birth (dd/mm/yy)	
Place of birth	
Country of domicile:	
- origin	
- present	
Country of residence	
Name(s) of dependants/children	Name(s) Date of birth (dd/mm/yy) State relationship Name(s) Date of birth (dd/mm/yy) State relationship Name(s) Date of birth (dd/mm/yy) State relationship Name(s) Date of birth (dd/mm/yy) State relationship
Is there an existing will? (if so when was it written?)	Yes/No * <i>If there is not an existing will, please go to the section on professional advisors below</i>
Does the will need revision?	Yes/No *
Does the will cover worldwide assets?	Yes/No *
Is the will limited? (if so, what are the limitations?)	Yes/No *
Please provide any additional information which may be helpful	



2. If the settlor is a corporate body, please provide the following information: -

Name _____

Address _____

Beneficial Owner(s) _____

Shareholders _____

Directors _____

3. Details of professional advisors

Lawyer's Name _____

Address _____

Tel. No. _____

Fax No. _____

E-mail _____

Accountant's Name _____

Address _____



Tel. No. _____

Fax No. _____

E-mail _____

4. Details of protector if required

Name _____

Address _____

Tel. No. _____

Fax No. _____

E-mail _____

5. Details of investment advisor (if required).

Name _____

Address _____

Tel No. _____

Fax No. _____

E-mail _____

SECTION 3 – “THE TRUST”

1. Proposed Name of the Trust _____



2. Purpose of establishing Trust:

(Please tick applicable box)

- Asset protection
- Family Devolution
- Holding managed company shares
- Private investment holding
- Property holding
- Estate and/or tax planning
- Other:

3. Year End (dd/mm) _____

4. Initial Assets of the Trust

5. Source of Assets / funds to be settled

(Please indicate the extent of the funds or assets to be settled into the Trust and provide details along with supporting documentation)

6. Where the source is from existing investments, please give details of the holdings, including when purchased and indicate the value of the settlor's overall portfolio.

7. Where the source is from income, please give a breakdown of annual income from all sources

8. Particulars of beneficiaries – (refer to Memorandum of Wishes)

(Please tick as appropriate):

Either:

- Settlor
- Settlor's spouse
- Settlor's issue (children & grandchildren)

Or, if different from the above:



Name of Beneficiary _____

Address _____

Tel. No. _____

Fax No. _____

E-mail _____

Name of Beneficiary _____

Address _____

Tel. No. _____

Fax No. _____

E-mail _____

Please list additional beneficiaries on a separate sheet.

9. Investment Policy (*whilst the investment policy will be determined by the trustee, it would be useful to have an indication of your objectives which the trustees may consider.*)

(Please tick one)

- Maximise capital growth
- Maximise income
- Balanced return from income and capital growth
- Other (please specify)

Please indicate the level of risk the trustee should be prepared to accept:

(Please tick one)

- High
- Moderate
- Low

Please indicate any investment restrictions: _____



10. **Currency of reference:** (Please tick applicable box) USD GBP EURO

11. **Annual Reporting:** On the anniversary date of the trust formation.

12. **Our Fees:** As per the scale of fees in force from time to time, or as individually agreed upon.

13. **Verification Details:**

Anti-money laundering legislation requires us to obtain satisfactory due diligence documents on our clients. The Settlor is therefore required to provide the following documents to accompany our signed agreement form.

- **A certified, legible and valid Passport copy** or National identity card / Armed forces ID card, showing the specimen signature and a clear photograph of the Settlor.

The document needs to be certified by one of the following:

- ❖ A lawyer, a notary, an actuary or an accountant holding a recognized professional qualification;
- ❖ A serving police or customs officer;
- ❖ A member of the judiciary;
- ❖ A senior civil servant;
- ❖ An employee of an embassy or consulate of the country of issue of the identity documentation;
- ❖ A director or secretary (holding a recognized professional qualification) of a regulated financial services business in Mauritius or in an equivalent jurisdiction.
- ❖ A Commissioner of Oaths.

The person certifying the document must use the following specific wording:

"Having seen the individual and the identification document at the same time, I certify that this is a true copy and that the photograph is a reasonable likeness of
Signature.....
Date.....
Name.....
Position.....
Stamp and address....."

- **A recent original bank or credit card statement** or a recent original utility bill; (e.g. electricity, rates etc.) confirming the Settlor's permanent residential address (not a P.O. Box).
- **An original bank reference on the Settlor from a reputable bank.** The attached authorization form should be signed according to the bank mandate and submitted to us to enable us to contact the bank directly.
- **An original professional reference from a qualified lawyer or qualified accountant** who has known the Settlor for a minimum period of two years. The attached authorization form should be signed and submitted to us to enable us to contact the lawyer or accountant directly.



Beneficiaries

Verification of identity of beneficiaries (as per above procedure) must also be undertaken upon the creation of the trust.

However, in the case of discretionary trusts it is not always possible to obtain verification of identity of all class members e.g. minor beneficiaries. In such cases, verification of identity can be delayed until prior to the making of any distribution to them.

14. Details of trustees

Under the Trusts Act 2001, there shall at all times be a qualified trustee resident in Mauritius.

(Please tick box below)

Dale International Trust Company Limited will be the sole trustee.

15. Payment: Please advise intended method of payment: *(Please tick one box and insert amount)*

Either

We enclose a cheque for USD.....

Or

We have instructed our Bankers to make a Telegraphic Transfer for USD.....to:

Beneficiary Account No.: 072-064447-121
IBAN No.: MU33HSBC0772072064447121000USD
Beneficiary Account Name: Dale International Trust Company Limited – Client Account
Beneficiary Bank: The Hongkong and Shanghai Banking Corporation Limited
A/c No. 000-03845-8
SWIFT: HSBCMUMU
Correspondent Bank: HSBC Bank USA, NEW YORK SWIFT: MRMDUS33
Reference (name of remitter):

NOTE: *Evidence of payment must be submitted with this agreement.*

16. Bank account(s) to be opened:

Bank _____
Currency _____ Type of account _____
Expected Annual Turnover of the Account _____
Expected number of debit and credit transactions per annum _____



The Trust Company will be the sole signatory to the bank account(s).

Note: Banks currently operating in Mauritius are: Afrasia Bank Limited, Bank of Baroda, Bank International Indonesia, Banque des Mascareignes, Barclays Bank PLC, Bramer Banking Corporation Limited, Deutsche Bank (Mauritius) Ltd, Development Bank of Mauritius, First City Bank Limited, Habib Bank Limited, HSBC Bank (Mauritius) Limited, Indian Ocean International Bank Ltd, Investec Bank (Mauritius) Limited, Mauritius Post and Cooperative Bank Ltd, SBI International (Mauritius) Ltd, Standard Bank (Mauritius) Limited, Standard Chartered Bank (Mauritius) Limited, State Bank of Mauritius Limited and The Mauritius Commercial Bank Ltd.

PLEASE PROCEED WITH ABOVE INSTRUCTIONS.

Name _____

If a Corporate Entity indicate Name: _____

Contact Name _____ Position _____

Address _____

Tel. No. _____

Fax No. _____

E-mail _____

Signed _____ Dated _____

17. How did you become aware of Dale International Trust Company Limited?

.....

18. THIRD PARTY AUTHORISATION

Should you require that we act on the instruction of any person other than the beneficial owner(s), please sign and complete the Letter of Authorisation on the next page and submit a certified photocopy of the authorised person's passport for identification purposes.



Name:.....

Address:.....

.....

.....

Date:.....

The Trustees of the Trust

Dale International Trust Company Limited
3rd Floor
Tower A
1 Cybercity
Ebene
Mauritius

Dear Sirs

Please accept this letter as your authority and instruction to act on any instruction received in future
from on my behalf in respect of
..... Trust.

Yours faithfully

CLIENT SIGNATURE



SECTION 4 - DECLARATION BY SETTLOR

1. I confirm that the I am the sole owner of the assets which are being settled, that no third party rights exists thereon and that the information given in this agreement is true and correct. I have been advised that I should seek independent legal and tax advice, and I confirm such advice will be followed.
2. I confirm that my global tax obligations are being met as required of me.
3. I acknowledge that the provision of trust management services is subject to the Standard Terms and Conditions of the Trust Company. I have read and confirm agreement to the aforementioned Standard Terms and Conditions, which are herewith attached. I further confirm having been provided with a copy of the said Standard Terms and Conditions.
4. I agree that my wishes and other communications may be sent to the Trust Company at their registered address and that the Trust Company will write to me at the address indicated in clause 1 of section 2 herein.
5. Any such communication or message on my behalf may be communicated to you in writing, by telephone, facsimile, telex, cable or Internet e-mail.

I agree to keep the Trust Company indemnified against all actions, proceedings, liability, claims, damages, costs and expenses in relation to your acting on such communication and irrevocably authorize you to debit the trust in respect of all amounts chargeable as a result of your receiving and acting on any such communication, even though the same shall contain some error or not be authentic.

6. I confirm that I have not in any part of the world been declared bankrupt or been a director or otherwise concerned in the management of a company which has been subject to an insolvent liquidation or judicial enquiry or order.
7. I confirm that any asset owned by or introduced into the trust has been owned by me or introduced lawfully and is not derived from or otherwise connected with any illegal activity.
8. I confirm that at the request of the Trust Company I shall be obliged to disclose or to procure the disclosure to the Trust Company of any and all information concerning the assets owned by me or that have been introduced into The Trust as the Trust Company may consider necessary or desirable from time to time, and, any and all such information will be full, complete and accurate.
9. I hereby instruct the Trust Company to establish a trust under the laws of Mauritius and to provide management and administration services on the basis of the information set out in this agreement following the completion of the due diligence requirements and receipt of initial funds.

Signed by the Settlor:

Dated:



Memorandum of Wishes

Date:

To Dale International Trust Company Limited as Trust trustees of the

Re: THE TRUST

I would like to express my wishes regarding the administration of the trust fund. It is appreciated that I have no power to require you to follow these wishes and that they are not legally binding. Furthermore, my wishes are not intended to fetter your discretionary powers under the trust deed, but I hope that you will find them useful in discharging your responsibilities as trustees:

My wishes are as follows:

1. During my lifetime, it is my wish that you consider my advice singly regarding all matters relating to the trust fund including guidance as to the amounts and timing of any distributions of income or capital to any of the beneficiaries.
2. In the event of my death, it is my wish that you be guided by the wishes of my spouse/partner/friend, regarding any and all matters relating to the trust fund in a manner identical to Note 1 hereof.
3. In the event of my spouse/partner/friend predeceasing me or dying with me, then it is my wish that the trust fund be shared between:

Name	<input type="text"/>	Birth date	<input type="text"/>	%	<input type="text"/>
Address	<input type="text"/>				
Relationship	<input type="text"/>				

Name	<input type="text"/>	Birth date	<input type="text"/>	%	<input type="text"/>
Address	<input type="text"/>				
Relationship	<input type="text"/>				

Name	<input type="text"/>	Birth date	<input type="text"/>	%	<input type="text"/>
Address	<input type="text"/>				
Relationship	<input type="text"/>				

If I change my wishes, I shall forward to you further correspondence. It is understood by both the Trust Company and myself that the content of this letter and any subsequent letter of wishes is confidential to ourselves alone.

Settlor's Name _____ Signature _____



BANK REFERENCE AUTHORITY

To: The Manager

Dear Sir

I/We authorize you to provide a Banker's Reference to:

The Chief Executive Officer
Dale International Trust Company Limited
3rd Floor
Tower A
1 Cybercity
Ebene
Mauritius

and to debit my/our account with the costs incurred.

Account number: -----

Please confirm to Dale International Trust Company Limited the following details:

1. My/our full name(s) and date of birth according to your records
2. My/our residential address according to your records
3. The length of my/our relationship with you
4. My/our financial standing and responsibility in my/our dealings with you
5. My/our signature

Yours faithfully

Signature:-----

Signature:-----

Name:-----

Name:-----

Date:-----

Date:-----



PROFESSIONAL REFERENCE AUTHORITY

To:

For Attention:

Dear Sir

Reference Authority

I/We authorize you to provide a professional reference on me/us to:

The Chief Executive Officer
Dale International Trust Company Limited
3rd Floor
Tower A
1 Cybercity
Ebene
Mauritius

Please confirm the following in such reference:

1. The length of time that you have known me/us;
2. The services which you have provided to me/us;
3. My/our business activities and any other relevant background information;
4. That you consider me/us to be honest and reputable;
5. That you have no reason to believe that any property that I/we have might be derived other than from wholly legitimate and reputable sources and activities.

Yours faithfully

Signature:-----

Signature:-----

Name:-----

Name:-----

Date:-----

Date:-----