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APPLICATION FOR ENTRY ON THE REGISTRY AS AN INTERNATIONAL TRUST

SECTION 1. INSTRUCTIONS FOR COMPLETING THIS FORM

An international trust that specifies the laws of Antigua and Barbuda for any part of its administration must be registered on the Register of International Trusts with the Financial Services Regulatory Commission ("the Commission"). An application for entry on the Register as an International Trust must be made to the Commission within forty-five days of the date on which the trust deed of settlement is executed by the Antigua and Barbuda Trustee. A Certificate of Registration will be valid and effective for a period of one (1) year from the date of registration as specified on the Certificate and is renewable in accordance with section 18 of the International Trust Act, 2007, No. 18 of 2007.

Under the laws of Antigua and Barbuda, in particular, the Corporate Management and Trust Services Providers Act, 2008 as amended, it is obligatory for Nautical Management Services Limited's ("NMSL") to ask certain questions to safeguard both its own and its clients' interests. This information is required for NMSL purposes only, and will be held in the strictest confidence. Further, under the laws of Antigua and Barbuda, subject to certain exceptions, it is a criminal offence for any person to release confidential business information without clients' consent. Therefore, the information provided in this application and its supporting documents are also subject to attorney/service provider/client privilege.

To expedite your request for the registration of a trust, complete this form in **BLOCK LETTERS** and send by email or fax to the NMSL consultant assigned to you. This form must be submitted with all the requisite supporting documentation indicated in specific areas of the form. Any information provided on additional sheets must be signed and dated. Where there is a question which is not applicable, please write "N/A" beside the question. ***Denotes that this information must be provided to NMSL.** All dates must be completed in the form: Day/Month/Year. **The signed original of this form together with the supporting documentation must be sent by mail or courier to the address provided above.** Should any assistance be required for completing this form contact the consultant assigned to you.

Date of Application:	
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SECTION 2. PROPOSED TRUST INFORMATION

2.1. PROPOSED NAME OF THE TRUST *

Provide NMSL with a list of Trust names for the proposed Trust in order of preference.

First Choice of Name:	
Second Choice of Name:	
Third Choice of Name:	

2.2. TYPE OF TRUST *

Select the type of trust for the proposed trust.

<input type="checkbox"/> Charitable	<input type="checkbox"/> Non-Charitable	<input type="checkbox"/> No Purpose	<input type="checkbox"/> Other	
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2.3. GOVERNING LAW OF THE TRUST *

The governing law of the trust shall be the law of Antigua and Barbuda unless the trust deed of settlement specifies the law of a different jurisdiction. Where the law of Antigua and Barbuda is the governing law of the trust, the trust shall be subject to the

exclusive and continuing jurisdiction of the High Court of Antigua and Barbuda, which is the exclusive forum for the adjudication of all disputes relating to the administration of the trust. Where the governing law of a foreign trust is changed to the law of Antigua and Barbuda, the trustee is required to make an application for entry on the Register as an international trust to the Commission within forty-five days of the date on which the amendment was made to provide for the law of Antigua and Barbuda to be the governing law of the trust. Indicate below the governing law of the proposed trust.

Antigua and Barbuda Other

2.4. ASSETS TO BE MANAGED*

Indicate below the amount of assets to be managed in the proposed trust and the estimated amount of additional assets to be managed by the proposed trust.

Initial Amount of Assets: US\$

Estimated Additional Amount of Assets: US\$

2.5. FREQUENCY OF ADDITIONAL INJECTION OF ASSETS

Indicate below the frequency of the injection of additional assets to be managed by the proposed trust.

Monthly Quarterly Annually Other

SECTION 3. SETTLOR'S INFORMATION

3.1. NAME OF SETTLOR CONNECTED TO THE TRUST*

The settlor of an international trust **must not be a domiciliary of Antigua and Barbuda**. Provide NMSL with name of the settlor connected to the proposed trust. **Complete "Form A" for the individual who will be connected to the trust as the settlor. Complete "Form B" for a legal entity which will be connected to the trust as a settlor.**

Name of Settlor:

Form A Attached

Form B Attached

3.2. SOURCE OF FUNDS*

Source of Funds Attached

Information is required from the settlor on the source of funding for the proposed trust which must be provided below. Provide NMSL with either a certified statement of net worth or proof of net worth and source of wealth. *[This information must include a brief description as to the origins of wealth and the period over which the wealth was generated. Documentation must be attached to support the details provided.]*

The source of capital was derived from

SECTION 4. TRUSTEES' INFORMATION

4.1. NUMBER OF TRUSTEES CONNECTED TO THE TRUST*

A settlor must not serve as trustee of the trust which he or she settled and there must be a **minimum of one (1) trustee** and a **maximum of four (4) trustees**.

Input the number of trustees to be associated with the proposed trust:

4.2. ANTIGUA AND BARBUDA TRUSTEE CONNECTED TO THE TRUST*

At least one of the trustees of an international trust must at all times be a domiciliary of Antigua and Barbuda. By default NMSL will be your Antigua and Barbuda Trustee which will be connected to the proposed trust.

Trustee 1: Nautical Management Services Limited

4.3. NON-RESIDENT TRUSTEE CONNECTED TO THE TRUST*

Provide NMSL with the names of the **Non-Resident Trustees** who will be connected to the proposed trust. **Complete "Form A" for each individual who will be connected to the Trust as a Non-resident Trustee or complete "Form B" for each legal entity**

which will be connected to the Trust as a Non-resident Trustee.

Trustee 2:

Trustee 3:

Trustee 4:

Form A Attached

Form B Attached

SECTION 5. PROTECTORS' INFORMATION

5.1. PROTECTORS CONNECTED TO THE TRUST*

A settlor cannot serve as a Protector of the trust which he or she settled. Provide NMSL with the names of the Protectors who will be connected to the Trust. Complete "Form A" for each individual who will be connected to the proposed trust as a Protector or complete "Form B" for each legal entity which will be connected to the proposed trust as a Protector.

Protector 1:

Protector 2:

Protector 3:

Form A Attached

Form B Attached

SECTION 6. BENEFICIARY INFORMATION

6.1. BENEFICIARY IDENTIFICATION INFORMATION*

The beneficiaries of an international trust must not be domiciliary of Antigua and Barbuda. A trustee may not be a beneficiary of the trust for which he or she is the trustee. Provide NMSL with the names of the beneficiaries of the trust. Additionally, provide NMSL with a certified copy of the **biographical passport page** from the beneficiary's passport or **other forms of governmental picture identification** such as a **social security card** or **driver's licence** which establishes the legitimate identity of the beneficiary. The documents must show a clear photograph, signature and document number to confirm the information provided. Indicate the documents which are attached below.

6.2. BENEFICIARY 1*

Marital Status: Single Married Separated Divorced

First [Middle] Family Name:

Place of Birth:

Date of Birth:

Passport No.:

Social Security No.:

Citizenship:

Gender:

Male

Female

Driver's Licence Attached

Social Security Card Attached

Passport Biography Page Attached

6.3. BENEFICIARY 2

Marital Status: Single Married Separated Divorced

First [Middle] Family Name:

Place of Birth:

Date of Birth:

Passport No.:

Social Security No.:

Citizenship:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Driver's Licence Attached	<input type="checkbox"/> Social Security Card Attached	<input type="checkbox"/> Passport Biography Page Attached		

SECTION 7. MANAGING AGENT

7.1. APPOINTMENT OF A MANAGING AGENT

NMSL will only accept instructions signed by the settlor of the proposed trust to be formed unless a **Managing Agent** is appointed to provide instructions. Indicate if a managing agent will be appointed.

Managing Agent Appointed: Yes No

7.2. MANAGING AGENT INFORMATION

Provide NMSL with the name of your managing agent. **Complete "Form A" if the Managing Agent is an individual. Complete "Form B" if the Managing Agent is a company.**

Managing Agent's Name:

Form A Attached Form B Attached

SECTION 8. MAILING ADDRESS FOR CORRESPONDENCES AND INVOICES

8.1. MAILING AND EMAIL ADDRESSES*

Indicate the mailing and email addresses and fax numbers for correspondences and invoices. The mailing address must include **Street, City, State Postal Code and Country.**

Mailing Address:

Email Address:

Fax Number:

Contact Name:

8.2. FORWARDING OF ORIGINAL DOCUMENTS*

Indicate the method by which all original documents will be forwarded.

Airmail Courier

SECTION 9. PAYMENT INFORMATION

9.1. NMSL'S WIRE TRANSFER DETAILS*

First Caribbean International Bank

Instructions to: **Wells Fargo Bank, New York**

SWIFT CODE: **PNBPUS3NNYC**

ABA Code: **026005092**

For credit: **First Caribbean International Bank**

SWIFT CODE: **FCIBAGAG**

Account Number: **2000192005487**

For further credit to **Nautical Management Services Ltd**

Account No. **041-1615251**

BANK CHARGES SHOULD NOT BE DEDUCTED FROM AMOUNT PAYABLE

9.2. CLIENT'S DETAILS TO ACCOMPANY WIRE TRANSFER PAYMENT*

Person/Company making transfer:*

Bank from which transfer was sent:*

Date of Transfer:*

Invoice Number:*

SECTION 10. DECLARATION

10.1. TO BE SIGNED BY THE PERSON REQUESTING THE SERVICE*

The below declaration must be signed by the settlor or someone appointed by the settlor and who is requesting the formation of the trust. A completed "Form A" must be submitted to NMSL if this is an individual or a "Form B" if this is a company.

10.2. DECLARATION*

I declare that my signature below confirms that I am authorized to sign this document and the one requesting NMSL to form this Trust. I have read and agree to be bound by NMSL terms of business. I declare that all the information provided with and within this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I declare that the person named in Section 7 above is hereby appointed as my Managing Agent to act on my behalf in the formation of this Trust.

Authorized Name: _____

Signature: _____ Date: _____

Form A Attached
 Form B Attached
 NMSL Professional Indemnity Agreement Attached

SECTION 11. ADDITIONAL CORPORATE SERVICES

11.1. BANKING SERVICES

Do you require NMSL to assist with Bank Account Opening? Yes (provide additional information below). No

(a) Type of account. Current/Checking Call Deposit Fixed Deposit

(b) Preferred location of bank account. _____

11.2. OTHER CORPORATE SERVICES

Indicate below any additional services required and the consultant assigned to you will provide further information.

1. Company Formation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Registered Office Services [A Registered Office in Antigua is required]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Registered Agent Services [A Registered Agent in Antigua is required]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Director Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Nominee Director(s) Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Nominee Shareholder(s) Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Secretarial Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Company Management Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Ship Registration Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Foundation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Yacht Registration Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Other Services	_____	