

Before you start – Important information for Trustees

Thank you for choosing to open an Oxbury Trust Account.

To comply with Anti-Money Laundering Regulations and ensure that Oxbury maintains up-to-date customer records, we are required to identify and verify all applicants and certain other parties connected to a customer relationship. In relation to trusts, this includes the trustee(s), the settlor(s), all named beneficiaries, and any other individual who has control over the trust.

It is your responsibility as Trustees to keep Oxbury informed of any new trustees associated with the trust, so that we can complete necessary due diligence.

As trustees you also have a responsibility to inform us of any changes to the beneficiaries associated with the trust. This includes:

- any new adult (age 18 or over) beneficiary named by the trustees,
- minors (under age 18) if they are to receive a disbursement before coming of age,
- individuals who have recently come of age and now have a vested interest in the trust
- individuals previously unnamed as part of a class, once they become named

How to complete this form and send it to us

You may wish your Professional Advisor to help you in completing this form and sending it to Oxbury. If so, we would be happy to work with them in collecting all of the information and authorities we need to process the application and open your Trust Account.

If you are an existing Oxbury Trust customer and there are no changes to the Trust and Parties since the last application, please confirm the Trust Name in Section 1 and skip the rest of Section 1 and 5.

You can complete this form by either

- printing and using black ink; or
- by typing into the text boxes

We will need each Trustee to sign this form, this can be done by

- printing the form and having each Trustee physically sign it using black ink; or
- signing it electronically using “Rsign”, in this case you can email this form to us without any signatures and we will then send it to you using the “Rsign” system, which will allow each of your Trustees to electronically sign this document

Once you have completed this form, please send it to Oxbury, along with copies of the documents requested in Section 3 (e.g. Trust Deed, TRS documents) to trustsavings@oxbury.com.

Section 1: Please tell us about your Trust Details

Before we open your account, we need to collect information about the Trust.

Trust Name / Scheme Name

(as per deed)

Are you an existing Oxbury Trust Customer?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Lead Trustee

(our main point of contact)

Lead Trustee Email address

Lead Trustee Phone number

Registered address of Trust

Address for correspondence

Nature and purpose of the Trust

(please tell us the activities that the Trust is involved in)

Date of Trust establishment

Date the Trust was established (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of establishment

which country was the trust established?

Countries of operation

Which countries / jurisdictions does the Trust operate in?

Type of Trust

What form does your Trust take?

Bare Trust	<input type="checkbox"/>	Interest in possession	<input type="checkbox"/>
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Discretionary Trust	<input type="checkbox"/>	Mixed Trust	<input type="checkbox"/>
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Accumulation Trust	<input type="checkbox"/>	SSAS	<input type="checkbox"/>
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Please give details of the assets held and how these have been Accumulated

e.g. details of a deceased's estate, of shareholdings or property

Corporate Trustee

Is there a Corporate Trustee involved in this Trust?

Yes

No

If you answered "Yes", please supply the following details. If you answered "No", please go to the next section.

Registered and Trading Name of Corporate Trustee

Contact Name

Registered Address of Corporate Trustee

Town / City

Post code:

Country:

Company number

Section 2: Sponsoring Employer (for SSAS only)

Company Name

Company Address

Town / City

Post code:

Country:

Section 2a: Professional Advisor's Details (Optional)

If your Professional Advisor is helping you apply for an Oxbury Trust Account and you would like us to liaise with them in doing so, please provide their information in this section.

Name of Firm

Contact Name

Email Address

Telephone Number

Section 3: Documentation to accompany this form

When sending us this form, please include relevant electronic copies of the following documents, as applicable to your trust:

- Certified copy of Trust deed(s) / scheme rules
- Certified copy of will (if applicable)
- HMRC Trust Registration Service document, dated within the last 3 months (if applicable)
Confirmation of registration with HMRC's Trust Registration Service (TRS) can be obtained via the TRS Portal
- Copy of HMRC pension registration or letter (if applicable)
containing Pension Scheme Tax Reference (PSTR) number and name of the Scheme
- Certified copy death certificate (if applicable)

Section 4: Choose your Oxbury Trust Accounts

Please choose from the options below, which account(s) you would like to open.

Easy Access Tracker Trust Account (Issue 2)

The Trustees set out in this document would like to open an Easy Access Tracker Trust Account (Issue 2) (please tick to confirm)

Total Value of Initial Deposit

Total value of deposit(s) expected into this / these account(s)

Confirmation that we have read, reviewed and agreed to the following documents which are available on the Oxbury Trust Account website <https://www.oxbury.com/trust-application-230126>

Product Summary	<input type="checkbox"/>	FSCS Information Sheet and Exclusions List	<input type="checkbox"/>
Deposits General Terms and Conditions	<input type="checkbox"/>	Privacy Policy	<input type="checkbox"/>

35 Day Notice Tracker Trust Account (Issue 2)

The Trustees set out in this document would like to open a 35 Day Notice Tracker Trust Account (Issue 2) (please tick to confirm)

Total Value of Initial Deposit

Total value of deposit(s) expected into this / these account(s)

Confirmation that we have read, reviewed and agreed to the following documents which are available on the Oxbury Trust Account website <https://www.oxbury.com/trust-application-230126>

Product Summary	<input type="checkbox"/>	FSCS Information Sheet and Exclusions List	<input type="checkbox"/>
Deposits General Terms and Conditions	<input type="checkbox"/>	Privacy Policy	<input type="checkbox"/>

90 Day Notice Tracker Trust Account (Issue 2)

The Trustees set out in this document would like to open a 90 Day Notice Tracker Trust Account (Issue 2) (please tick to confirm)

Total Value of Initial Deposit

Total value of deposit(s) expected into this / these account(s)

Confirmation that we have read, reviewed and agreed to the following documents which are available on

the Oxbury Trust Account website <https://www.oxbury.com/trust-application-230126>

Product Summary	<input type="checkbox"/>
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FSCS Information Sheet and Exclusions List	<input type="checkbox"/>
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Deposits General Terms and Conditions	<input type="checkbox"/>
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Privacy Policy	<input type="checkbox"/>
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180 Day Notice Tracker Trust Account 1

The Trustees set out in this document would like to open a 180 Day Notice Tracker Trust Account 1 (please tick to confirm)

Total Value of Initial Deposit

Total value of deposit(s) expected into this / these account(s)

Confirmation that we have read, reviewed and agreed to the following documents which are available on

the Oxbury Trust Account website <https://www.oxbury.com/trust-application-230126/>

Product Summary	<input type="checkbox"/>
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FSCS Information Sheet and Exclusions List	<input type="checkbox"/>
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Deposits General Terms and Conditions	<input type="checkbox"/>
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Privacy Policy	<input type="checkbox"/>
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Section 5: Parties to the Trust

Please complete the following section, providing information for each party connected to the Trust, where they have multiple roles in the Trust please only provide their information once and indicate which role they have.

Party 1

Role (Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)			
Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>
Title			
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			
First Name(s)			
<input type="text"/>			
Middle Name(s)			
<input type="text"/>			
Surname(s)			
<input type="text"/>			
Date of Birth (DDMMYYYY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Residential Address			
<input type="text"/>			
Town / City			
<input type="text"/>			
Post code:	<input type="text"/>	Country:	<input type="text"/>
How long have you lived at this address?			
Years	<input type="text"/>	<input type="text"/>	Months
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Residential Address (if you have lived at your current address for fewer than 3 years)			
<input type="text"/>			
Town / City			
<input type="text"/>			
Post code:	<input type="text"/>	Country:	<input type="text"/>
How long did you live at this address?			
Years	<input type="text"/>	<input type="text"/>	Months
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone			
<input type="text"/>			
Email			
<input type="text"/>			
Tax Residency: I am a resident for tax purposes only in the UK <input type="checkbox"/>			
Marketing preferences: please complete only for individuals that are Trustees of the Trust			
If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.			
Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

Party 2

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years

Months

Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email

Post

Phone

SMS

Party 3

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

Party 4

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

Party 5

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email

Post

Phone

SMS

If there are more parties, please provide their details in Section 10

Section 6: Data Protection

A copy of the Trust deed(s)/will and confirmation of registration with HMRC TRS has been requested to identify beneficial owners, to understand the purpose of the trust and the source of funds. We will use the personal information of all parties and beneficial owners of the Trust to complete electronic identity and address verification, which includes searches at Credit Reference and Fraud Prevention Agencies (please note in some circumstances we may need to request additional documents).

We will never share any information to any company outside Oxbury Bank Plc except to help prevent fraud or if we are required to do so by law. For more information on how your data is used, how we maintain the security of your information and your rights to access the information we hold on yourself and the individuals please contact savings@oxbury.com. By confirming that you are happy to proceed, you understand that Oxbury Bank may use this personal data in the way described and in accordance with our [Privacy Notice](#).

Section 7: Linked Account Details

Linked Account Details

This is the UK current account held in the name of Trust used to make payments in and out of your Oxbury Trust Account(s)

Sort Code

Account Number

Section 8: Trust Bank Account Mandate

Oxbury requires that two Trustees are nominated as authorised persons acting as account signatories. Account signatories are able to access account information and balances, request and authorise withdrawals using Oxbury Online Banking or via the Oxbury App. We cannot accept instructions that are not in accordance with the Trust Account Bank Mandate or via any other communication method unless in exceptional circumstances. All withdrawals must be approved by both signatories.

Signatory 1

Full Name <input type="text"/>	Signature <input type="text"/>								
Position <input type="text"/>	Date (DDMMYYYY) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Corporate Trustee <input type="checkbox"/>	Non Corporate Trustee <input type="checkbox"/>								

Signatory 2

Full Name <input type="text"/>	Signature <input type="text"/>								
Position <input type="text"/>	Date (DDMMYYYY) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Corporate Trustee <input type="checkbox"/>	Non Corporate Trustee <input type="checkbox"/>								

Trustee 3

Full Name <input type="text"/>	Signature <input type="text"/>
Are you a:	Date (DDMMYYYY)
<input type="text" value="Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>
<input type="text" value="Non Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>

Trustee 4

Full Name <input type="text"/>	Signature <input type="text"/>
Are you a:	Date (DDMMYYYY)
<input type="text" value="Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>
<input type="text" value="Non Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>

Trustee 5

Full Name <input type="text"/>	Signature <input type="text"/>
Are you a:	Date (DDMMYYYY)
<input type="text" value="Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>
<input type="text" value="Non Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>

Trustee 6

Full Name <input type="text"/>	Signature <input type="text"/>
Are you a:	Date (DDMMYYYY)
<input type="text" value="Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>
<input type="text" value="Non Corporate Trustee"/> <input type="checkbox"/>	<input type="text"/>

Section 10: Additional Parties to the Trust

Please complete the following section, providing information for each party connected to the Trust, where they have multiple roles in the Trust please only provide their information once and indicate which role they have.

Party 6

Role (Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)		Previous Residential Address (if you have lived at your current address for fewer than 3 years)	
Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>
Title		Town / City	
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):		Post code:	Country:
First Name(s)		How long did you live at this address?	
_____		Years	Months
Middle Name(s)		<input type="text"/>	<input type="text"/>
_____		Telephone	
Surname(s)		_____	
_____		Email	
Date of Birth (DDMMYYYY)		Tax Residency: I am a resident for tax purposes only in the UK <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	Marketing preferences: please complete only for individuals that are Trustees of the Trust	
<input type="text"/>	<input type="text"/>	If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.	
Current Residential Address		Email	<input type="checkbox"/>
_____		Post	<input type="checkbox"/>
Town / City		Phone	<input type="checkbox"/>
_____		SMS	<input type="checkbox"/>
Post code:	Country:	If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.	
<input type="text"/>	<input type="text"/>		
How long have you lived at this address?			
Years	<input type="text"/>	Months	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Party 7

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 8

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 9

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 10

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

If you would like to hear more from us regarding our products and offers please select at least one of the following options for us to contact you on. If you don't wish to, you will still receive statements through your online banking platform as well as changes to your existing products.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 11

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other (please provide details):			

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

Marketing preferences: please complete only for individuals that are Trustees of the Trust

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Email

Post

Phone

SMS

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 12

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

Post code:

Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Previous Residential Address

(if you have lived at your current address for fewer than 3 years)

Town / City

Post code:

Country:

How long did you live at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

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Email	<input type="checkbox"/>	Post	<input type="checkbox"/>
Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 13

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Residential Address

Town / City

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Country:

How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

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Email

Post

Phone

SMS

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.

Party 14

Role

(Please tick the appropriate box, if the individual has multiple roles, check multiple boxes)

Trustee	<input type="checkbox"/>	Settlor	<input type="checkbox"/>
Trust Beneficiary	<input type="checkbox"/>	Other	<input type="checkbox"/>

Title

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>

Other (please provide details):

First Name(s)

Middle Name(s)

Surname(s)

Date of Birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Town / City

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How long have you lived at this address?

Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
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Telephone

Email

Tax Residency: I am a resident for tax purposes only in the UK

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Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

If there are more parties, please continue to provide them on the next page. If not, please leave the further parties sections blank.