



COSMOS TRUST LIMITED

Telephone: (784) 457-1258
Fax : (784) 456-2653
Email: cosmos@vincysurf.com

QUESTIONNAIRE FOR TRUST FORMATION

- 1. **JURISDICTION:** SAINT VINCENT AND THE GRENADINES
- 2. **PROPOSED NAME OF TRUST:** (Provide at least two names)

3. **TYPE OF TRUST:** (Select one)

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|------|---------------|----------|---------|
| i. | Discretionary | Yes_____ | No_____ |
| ii. | Charitable | Yes_____ | No_____ |
| iii. | Protective | Yes_____ | No_____ |
| iv. | Purpose | Yes_____ | No_____ |

4. **SETTLOR:** (Name & Address of the Real &/or Nominee Settlor)

5. **PROTECTOR & TRUSTEE** (they may be the same individual or corporation or different ones)

<u>Name</u>	<u>Address</u>
<u>TRUSTEE:</u> Cosmos Trust Limited	78 Halifax Street (3 rd Floor) Kingstown, SVG
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<u>PROTECTOR:</u>	
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6. **BENEFICIARIES:**

<u>Name</u>	<u>Address</u>
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Signed by _____
Client (Real Settlor)

NB. A Bankers reference and at least one photo ID of the Real Settlor must also be submitted.