

# COLAW (OFFSHORE SERVICES) LIMITED

## Application Form for Trust Services

**Name of Trust**

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**Settlor**

Title (e.g. Mr/Mrs etc)

Given Name(s)

Family Name

Former name (if any)

Other names used

Residential address

Post/Zip Code

Telephone No

Facsimile No

E-mail address

Mobile telephone No

	1	2
Title (e.g. Mr/Mrs etc)		
Given Name(s)		
Family Name		
Former name (if any)		
Other names used		
Residential address		
Post/Zip Code		
Telephone No		
Facsimile No		
E-mail address		
Mobile telephone No		

**Identification provided**

Cert copy passport

Utility/Govt Bill

ID Card

Professional Reference

Bank/CC Statement

Other



**Protector**

Do you wish to appoint a Protector to oversee the actions of the Trustees/ If so please provide full

Title (e.g. Mr/Mrs etc)	
Given Name(s)	
Family Name	
Former name (if any)	
Company Name	
Office/Residential Address	
Post/Zip Code	
Telephone No	
Facsimile No	
E-mail address	
Mobile telephone No	

**Identification provided**

Cert copy passport	<input type="checkbox"/>	Utility/Govt Bill	<input type="checkbox"/>	ID Card	<input type="checkbox"/>
Professional Reference	<input type="checkbox"/>	Bank/CC Statement	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Banking**

Bank account required	<input type="checkbox"/>	Preference*	<input type="checkbox"/>
Currency	£ <input type="checkbox"/>	Euro <input type="checkbox"/>	US\$ <input type="checkbox"/>
Account Type	Current <input type="checkbox"/>	Deposit <input type="checkbox"/>	Other <input type="checkbox"/>

**Bookkeeping and Accounting**

Non-Resident Landlord registration	<input type="checkbox"/>	UK property owning trusts only
Accounts	Annual	<input type="checkbox"/>
	Tax returns	<input type="checkbox"/>
Audit		<input type="checkbox"/>

**Invoicing and Mail Delivery Instructions**

Address for invoicing  
(NB VAT will be charged when  
invoiced to an EU address)

Address for delivery of mail

Please indicate your preferred means of communication

Post

Fax

Tel /Mobile

E-mail

Courier

**Additional Notes**

Signed 1 \_\_\_\_\_ Signed 2 \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_