# TRUST REGISTRATION QUESTIONNAIRE

## Trust

<table>
<thead>
<tr>
<th>Full title of the trust:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and address of the settlor if they are Isle of Man resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date trust established:</th>
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<tbody>
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</tbody>
</table>

## Trustees

State first the trustee to whom return forms should normally be sent. (If you require additional space, please use a separate sheet and attach it to this form.)

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
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<table>
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<tr>
<th>Address:</th>
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## Trust Type

<table>
<thead>
<tr>
<th>Interest in Possession</th>
<th>Discretionary</th>
<th>Purpose</th>
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<tbody>
<tr>
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</table>

## Trust Income Sources

Does the trust receive any taxable income from Isle of Man sources (eg rental income from a property in the Isle of Man)?

YES ☐  NO ☐

If Yes, please provide full details below
Beneficiaries

Are Isle of Man resident persons excluded from benefiting from the trust?  YES ☐  NO ☐
If No, are any of the beneficiaries resident in the Isle of Man for income tax purposes?  YES ☐  NO ☐
If Yes, please supply the full names and addresses of any Isle of Man resident beneficiaries below
(If you require additional space, please use a separate sheet and attach it to this form.)

Name:  Name:
Address:  Address:

Name:  Name:
Address:  Address:

Name:  Name:
Address:  Address:

Any Other Information

Please provide any other information which you think is relevant

Professional Agent Acting

Please enter contact details of any professional agent acting

Name:
Address:

Signature of trustee:

Full name (in capitals):

Date:

This questionnaire should be completed after reading PN 141/07 and PN 160/09.