

## TRUST REGISTRATION QUESTIONNAIRE

Trust	
Full title of the trust:	
Name and address of the settlor if they are Isle of Man resident	Name: Address:
Date trust established:	

Trustees	
Please enter the full name and address of each trustee <i>State first the trustee to whom return forms should normally be sent.</i> (If you require additional space, please use a separate sheet and attach it to this form.)	
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:

Trust Type		
Interest in Possession <input type="checkbox"/>	Discretionary <input type="checkbox"/>	Purpose <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
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:

## 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.