

## This is Your GoldMoney Registration Package

### Application for a Verified Trust Account

Thank you for applying to become a verified customer of GoldMoney. This Registration Form together with our Privacy Policy and Customer Agreement sets out the terms under which GoldMoney services are provided, so these must be read together for their full meaning and effect.

The GoldMoney Customer Agreement can be accessed online at:

<http://www.goldmoney.com/customer-agreement.html>

At GoldMoney, we take extensive measures to safeguard your data. All information and documentary verification you provide to us will be held in accordance with our Privacy Policy, which can be accessed online at:

<http://www.goldmoney.com/privacy-policy>

**This form assumes that the applicant(s) is/are corporate trustee(s) and that they provide trustee services professionally by way of business.** It is also material to the acceptability of the application that the trustee(s) is/are regulated in the conduct of the trustee services by a recognised regulatory body or authority in a country with equivalent standards to those in Jersey.

GoldMoney may, nevertheless, consider extending its services to a trustee or trustees of a trust who do/does not meet these criteria, but in the case of a trustee or trustees who is/are an individual each application will be considered having regard to all of the circumstances and, in the first instance, Customer Support should be contacted at the address given above. For the avoidance of doubt, GoldMoney nevertheless welcomes applications from individual trustees and will in agreeing to extend its services take particular account of circumstances in which an individual trustee is a professional person (for example a lawyer or accountant) where the trusteeship is provided as a service incidental to their professional practice.

**This Form will be accepted ONLY if the documents in Section 9A and 9C (and in the case of non-Western alphabets, all of Section 9), are notarised or certified.** If your documents provided for Section 9 are not written in the English language, please provide **certified translations of these documents into English**. If you have any questions, please contact our Customer Support Team at <http://www.goldmoney.com/contact-us> or call +44 1534 633 933.

The GoldMoney Team

<b>GoldMoney Use Only</b>	Holding No:	<input type="text"/>	Status:	<input type="text"/>	
Reviewed by:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>

**Section 1 – Trust Information**

**1. Trust Name and Address**

Full name of the trust:	<input type="text"/>								
Country where established:	<input type="text"/>								
Date established:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Please provide details of any registrations held by the trust, for example, registration as a charity:	<input type="text"/>								
Name of body with which the trust is registered:	<input type="text"/>								
Registration number:	<input type="text"/>								
Type of registration:	<input type="text"/>								

<b>Principal Address of the Trust</b>	Please provide street addresses. PO Boxes will not be accepted.
Street 1:	<input type="text"/>
Street 2:	<input type="text"/>
State/County/District:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Country:	<input type="text"/>

Section 2 – Information about Trustee(s)

Please provide details of the corporate trustee(s).

2. Trustee(s)

Full name of trustee:

Date appointed as trustee:

D	D	M	M	Y	Y	Y	Y
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Address

Please provide street addresses. PO Boxes will not be accepted.

Street 1:

Street 2:

State/County/District:

Zip/Postal Code:

Country:

Provide details of any registrations that the trustee has with a regulatory body or authority responsible for the regulation of trust business.

Name of regulatory body or authority:

Country in which the regulatory body or authority is located:

Trustee's registration number:

Type of registration:

Please attach additional pages if there is insufficient space to provide the information requested about all trustees.

### Section 3 – Information about Settlor(s)

Please provide details of all persons who have settled (contributed) assets into the trust, including the initial settlors and any persons who have subsequently settled funds into the trust.

#### 3. Settlor(s)

State the full name of each settlor, including details of any subsequent settlor(s) as well as the initial settlor(s). Note that additional information will be required about any settlor(s) who are not individual persons, so that their ultimate controllers and/or beneficial owners can be identified.

Full name of settlor:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Place of birth:

Nationality:

Value of assets/funds settled in the trust:

Description of any non-cash assets settled:

Date of settlement:

D	D	M	M	Y	Y	Y	Y
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Please state the source of funds settled into the trust. For example, proceeds from employment, inheritance, or sale of investments. Please provide supporting information such as dates, currency (with the US dollar equivalent values) and the countries in which the settled funds were obtained:

Full name of settlor:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Value of assets/funds settled in the trust:

Description of any non-cash assets settled:

Date of settlement:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please state the source of funds settled into the trust. For example, proceeds from employment, inheritance, or sale of investments. Please provide supporting information such as dates, currency (with the US dollar equivalent values) and the countries in which the settled funds were obtained:

Please attach additional pages if there is insufficient space to provide the information requested about all settlors.

Section 4 – Information about Beneficiaries

Please provide details of each person who has a vested right as a beneficiary of the trust. In 4B and 4C, please describe any general categories of beneficiaries.

4. Beneficiaries

4A. State the full name of each beneficiary who has a vested right in the assets and/or income of the trust. Note that additional information will be required about any beneficiaries who are not individual persons, so that their ultimate controllers and/or beneficial owners can be identified.

Full name of beneficiary:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Details and value of entitlement to the income and/or assets of the trust. Please state whether any of the values are estimated:

Date of vesting:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of beneficiary:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Details and value of entitlement to the income and/or assets of the trust. Please state whether any of the values are estimated:

Date of vesting:

D	D	M	M	Y	Y	Y	Y
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Please use the following page to provide the information about additional beneficiaries.

Section 4 – Information about Beneficiaries (continued)

4. Beneficiaries (continued)

4A. State the full name of each beneficiary who has a vested right in the assets and/or income of the trust. Note that additional information will be required about any beneficiaries who are not individual persons, so that their ultimate controllers and/or beneficial owners can be identified.

Full name of beneficiary:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Details and value of entitlement to the income and/or assets of the trust. Please state whether any of the values are estimated:

Date of vesting:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of beneficiary:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Details and value of entitlement to the income and/or assets of the trust. Please state whether any of the values are estimated:

Date of vesting:

D	D	M	M	Y	Y	Y	Y
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Please attach additional pages if there is insufficient space to provide the information about all beneficiaries.

**Section 4 – Information about Beneficiaries (continued)**

**4. Beneficiaries (continued)**

4B. Describe any general categories of beneficiaries defined within the Instrument of Trust, for example: “the descendants of (a specified individual)”:

4C. Describe any other categories of beneficiaries defined within the Instrument of Trust where the trustees have discretion in the selection of beneficiaries, for example, “any organisation the objects of which are charitable”:

Please attach additional pages if there is insufficient space to provide the information about all beneficiaries.

## Section 5 – Information about Protector(s)

Please provide details of those who have been appointed as protector(s) of the trust. If the Instrument of Trust by which the trust was established does not provide for the appointment of a protector, then please state this below.

### 5. Protectors

State the full name of each protector. Note that additional information will be required about any protector(s) who are not individual persons, so that their ultimate controllers and/or beneficial owners can be identified.

Full name of protector:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Place of birth:

Nationality:

Date of appointment:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of protector:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of birth:

Nationality:

Date of appointment:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please attach additional pages if there is insufficient space to provide the information requested about all protectors.

Section 6 – Person(s) Authorised to Operate the Account Held at GoldMoney

6. Authorised Account Operators

Please provide a unique email address and specimen signature for each person authorised to operate the trust’s holding account at GoldMoney. Each email address will be linked to the trust’s/company’s holding account to enable the account operator(s) to receive system messages necessary to manage the holding account.

Full name:

Email address:

Relationship to the trustee:

Nationality:

Place of birth:

Date of birth: 

D	D	M	M	Y	Y	Y	Y
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Specimen signature:

Full name:

Email address:

Relationship to the trustee:

Nationality:

Place of birth:

Date of birth: 

D	D	M	M	Y	Y	Y	Y
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Specimen signature:

Section 7 – Financial Information

Please complete the following as far as is applicable to the trust’s circumstances. GoldMoney may request further information in the future in order to fulfill its obligation under law to establish the source(s) of funds entrusted by the trust to GoldMoney.

7. Financial Information

Please state why you have chosen to open an account with an international provider such as GoldMoney (check all that apply):

- Diversify the location of assets
- Political stability
- Cost savings
- Other

If you chose “Other,” please specify:

What will you use the account for? (check all that apply):

- Investment
- Savings
- Payments
- Other

If you chose “Other,” please specify:

Please choose the currency you are using to answer the three questions below. If you are uncertain at this time about the specific amounts, please provide an approximation.

- Currency  USD  GBP  EUR  XGG (goldgrams)

What is the maximum value you expect to hold in your account over the next year?

- Less than 10,000
- 10,000-50,000
- 50,000-250,000
- More than 250,000

What is the total value of transactions, including goldgram payments, that you expect to make through your account in normal circumstances in each year?

- Less than 10,000
- 10,000-50,000
- 50,000-250,000
- More than 250,000

How many transactions, including goldgram payments, do you expect to make through your account in normal circumstances in each year?

- Less than 5
- 5-10
- 10-50
- More than 50

Please state any economic activities undertaken by the trust which have contributed, or will in future contribute, to the trust’s funds:

**Section 8 – Information about Current Banking Relationships**

Please give details of the institution that currently provides primary banking facilities to the trust.

**8. Bank Reference**

Full name of bank:

**Bank Address**

Street 1:

Street 2:

State/County/District:

Zip/Postal Code:

Country:

Name of primary relationship manager at the bank:

Length of time the trust has had a relationship with this bank:

Section 9 – Proof of Trust Information

9. Proof of Information – Required Materials

9A. PROOF OF CREATION OF THE TRUST AND APPOINTMENT OF TRUSTEES

- Please provide a photocopy of the Instrument of Trust document that was issued upon creation of the trust. If the Instrument of Trust document does not include details of the appointment of the trustees, then please provide a photocopy of the letter or contract of appointment which should include a description of the nature of the trustees’ duties. These photocopies must either be **notarised by a notary public or certified as a true copy by an authorised individual in your jurisdiction** (e.g., a lawyer, bank officer, embassy or consulate official) with the following exact statement:

*“I certify this to be a true copy of the original document”*

- The notary or certifier must sign the photocopies of the document, print their name clearly below their signature and state their position and business address.
- The document provided must contain the name of the trust, its official identification/registration number, and the date and country of creation.

9B. PROOF OF FINANCIAL STATUS

Please provide a copy of the latest set of financial statements for the trust. If the financial statements have not been audited by a professional firm of auditors, then we may require additional confirmation of the financial standing of the trust from the institution that provides primary banking facilities to the trust.

9C. PROOF OF IDENTITY AND ADDRESS FOR TRUSTEE(S), SETTLOR(S), PROTECTOR(S), BENEFICIARIES AND ACCOUNT OPERATOR(S)

If, as applicant, the trustee(s) is/are regulated in the provision of trust services GoldMoney may not require evidence of identity in relation to the trustee(s) and/or of its directors or beneficial owners. If, however, the trustee is not so regulated, a CAP for Companies Registration Form must, in addition to this Form, be completed and all of the information and documents required by that Form must be provided. Please contact Customer Support at <http://www.goldmoney.com/contact-us>.

In the case of a professional trustee, please identify each of the Settlor(s), Protector(s), Beneficiaries and Account Operator(s) listed in Sections 3, 4, 5 and 6 of this Form. **Accordingly, we ask that you produce to GoldMoney certified photocopies held of:**

- passports/identification cards.
- evidence of permanent residential address, for example by way of a certified true copy of a utility bill for fixed services
- verification of the source of funds settled in the trust.

If such evidence of identity and source of funds is not held Customer Support should be contacted at the above address for further guidance, but please note that GoldMoney will, in any event, require such verification of identity and source of funds to be obtained and provided by the applicant trustee(s).

## Section 10 – Declaration by the Trustee(s)

The signatures below must be given pursuant to all necessary authorisations allowing the signatories to bind the trustee(s) and the trust.

### 10. Declaration

By signing below:

1. You confirm that all information given on this form is true and complete.
2. You confirm that the attached photocopies indicated above are true and accurate copies of the original documents and that they have been certified or notarised by an authorised official in your jurisdiction.
3. You confirm that you have the authority to sign this document on behalf of the Trust.
4. You confirm and declare that you are not involved in any criminal or money-laundering activity and the funds that are being introduced and held by GoldMoney are not derived from any illegal activities.
5. You authorise GoldMoney to obtain independent verification of any information provided. GoldMoney may search files of credit reference agencies who will record each search.
6. You confirm that GoldMoney may accept the instruction or signature of any Account Operator listed in Section 6 for any transaction on the account.
7. You confirm that you have read and understand all of the terms and conditions stated in the GoldMoney Customer Agreement and that you agree to be bound by the terms and conditions therein:  
<http://www.goldmoney.com/customer-agreement.html>

Please sign and date below. This form will not be processed or accepted without the required signatures.

Your signature:

.....

Print your name:

For and behalf of (insert full name of corporate trustee):

As trustee of (insert full name of the trust):

Your E-Mail

Today's date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your signature:

.....

Print your name:

For and behalf of (insert full name of corporate trustee):

As trustee of (insert full name of the trust):

Your E-Mail

Today's date:

D	D	M	M	Y	Y	Y	Y
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## Where to Send this Form

Please mail this completed form, as well as all supporting documentation, to:

Net Transactions Limited (GoldMoney)  
1st Floor  
32 Commercial Street  
St. Helier, Jersey, JE2 3RU  
British Channel Islands (UK)

Web: <http://www.goldmoney.com/contact-us>  
Telephone: +44 1534 633 933  
Facsimile: +44 1534 633 901

Section 11 – Document Certifier’s Details and Instructions

Contact Details of Certifier

The information requested below is required by GoldMoney to fulfill its regulatory requirements and may be used to independently authenticate the certifier. For a complete list of acceptable certifiers please see <http://www.goldmoney.com/certifiers>. Failure to complete this page will delay the verification of the applicant’s Holding.

To be completed by the certifier (all items are required):

Certifier’s full name:	<input type="text"/>
Title/position:	<input type="text"/>
Nature of profession: (i.e. lawyer or accountant)	<input type="text"/>
Member of professional body and qualifications:	<input type="text"/>
ID/registration number with professional body:	<input type="text"/>
Certifier’s telephone number:	<input type="text"/>
Certifier’s address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	postal code/zip code
	country

Instructions to the Certifier

1. A **clear photocopy** of the original document is required. Photographs must be copied so that the **facial features in the photocopy are clearly visible**.
2. Please write the following on the photocopy:  

*I certify that this is a true and correct copy of a document in the possession of [insert name of applicant].*
3. **Sign your name** below the above statement and **print your name** in capital letters below your signature. **Please also include the date.**
4. Stamp each certified document photocopy with your business stamp.
5. **Please provide all of the information requested above, and check that all these requests have been adhered to.**