



THE FORT GROUP

## APPLICATION FORM

### Client Details

<b>Full Name:</b>	<b>Address for communication:</b> (if different from residential address)
<b>Residential Address:</b>	
<b>Zip/Post Code:</b>	<b>Zip/Post Code:</b>
<b>Tel No:</b>	<b>Date of Birth:</b>
<b>Fax No:</b>	<b>Place of Birth:</b>
<b>E-mail:</b>	<b>Nationality:</b>
	<b>Passport Number:</b>



## THE FORT GROUP

### Client References – Due Diligence

To enable us to establish a trust/company on your behalf and to apply our due diligence procedures, please provide below the names of two professionals whom we may contact in order to receive references.

(1)	(2)
<b>Full Name:</b>	<b>Full Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Zip/Post Code:</b>	<b>Zip/Post Code:</b>
<b>Profession:</b>	<b>Profession:</b>

### Professional Advice

We are required by Guernsey's Fiduciary Codes to ask you to confirm whether you have received professional advice on the formation of the Company and/or Trust. The setting up of a Company and/or Trust is a complex matter and can have many implications. You are recommended to take advice in the jurisdiction of your residence/domicile or any other relevant jurisdiction as to the suitability of the Company and/or Trust to your circumstances. Your signature to this application form will confirm that you have obtained such advice.

### Source of Funds

We need to know the origins of the funds that will be put in the Company and/or Trust. As appropriate, please provide full details to show how the funds were obtained. These details are required to enable us to comply with international money laundering regulations and our own internal procedures.



THE FORT GROUP

### **Data Protection**

All personal client information supplied will be maintained in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001. Your signature to this application form will confirm your authorisation for Fort to process all required data in accordance with this Law and will also confirm that you acknowledge and agree that Fort may provide personal client information to external third party professional institutions where it is necessary to do so as part of normal business practices.

### **Declaration**

I hereby declare that none of my assets, income, private or business activities relate in any manner to or are derived from the illegal manufacture, transfer, transport, supply or use of armaments, drugs or other controlled substances, or in any manner to prostitution, money laundering, or any other activity that is illegal.

I have not knowingly facilitated any one else's participation in any of the above listed activities.

I do not intend to hinder or defraud any creditors, or engage in any illegal conduct, and I am not retaining any of The Fort Group of companies to facilitate or otherwise engage in such conduct.

Signature of Declarant:	Date:
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## **The Next Step**

Please return to our offices :

- this application form and due diligence statement;
- a certified true copy of your passport, certified by a professional person who prints his name, address and qualifications and dates the certificate;
- proof of your residential address, i.e. a recent utility bill and
- a Sterling banker's draft to cover the set up fee and the first year's administration fee.

Alternatively, the required funds can be transmitted by chaps, our Bank details are:

The Royal Bank of Scotland International Limited  
Royal Bank Place  
1 Gategny Esplanade  
Guernsey  
GY1 4NW

Account Name: Fort Management Services Limited

Sort Code: 16-20-29  
Account Number: 11434689  
**SWIFT code: RBOSGGSP**  
**IBAN: GB88RBOS16202911434689**



## DUE DILIGENCE STATEMENT

1. My business activities over at least the past 5 years have been:
2. The nature and purpose of the Trust or Company is:
3. The type of business activities and the expected activity levels is:
4. An accurate and complete description of the source of these funds introduced is as follows:
5. Where will the initial deposit emanate from (originating bank name and country) and how much will be received?

Name:

Signature of Declarant:

Date: