* FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECONOMIC PROFILE

FOR TRUSTS

The below information represents the minimum required information. Bear in mind that the requested information is risk-based and should be revised according to the risk emanating from the client. This Economic Profile has been prepared with respect to the provisions of the Prevention and Suppression of Money Laundering Activities Law 188(1)2007.

# **SETTLER INFORMATION**  *(LEGAL PERSON)*

| COMPANY NAME:  |  |
| --- | --- |
| COUNTRY OF INCORPORATION: |  |
| REGISTRATION NUMBER: |  |
| REGISTERED OFFICE ADDRESS: |  |
| REGISTERED DIRECTORS: |  |
| REGISTERED SHAREHOLDERS: |  |
|  |  |
| ULTIMATE BENEFICIAL OWNER: |  |

| * SOURCE OF FUNDS

*(Supporting documentation must be provided)* |  |
| --- | --- |
|  |   |
| * PURPOSE OF THE TRUST CREATED
 |
|  |

# **SETTLER INFORMATION**  *(PHYSICAL PERSON)*

| FULL NAME:  |  |
| --- | --- |
| RESIDENTIAL ADDRESS: |  |
| NATIONALITY: |  |
| OCCUPATION: |  |

| * SOURCE OF FUNDS

*(Supporting documentation must be provided)* |  |
| --- | --- |
|  |   |
| * PURPOSE OF THE TRUST CREATED
 |
|  |

# **TRUSTEE INFORMATION**  *(LEGAL PERSON)*

| COMPANY NAME:  |  |
| --- | --- |
| COUNTRY OF INCORPORATION: |  |
| REGISTRATION NUMBER: |  |
| REGISTERED OFFICE ADDRESS: |  |
| REGISTERED DIRECTORS: |  |
| REGISTERED SHAREHOLDERS: |  |
|  |  |
| ULTIMATE BENEFICIAL OWNER: |  |

# **TRUSTEE INFORMATION**  *(PHYSICAL PERSON)*

| FULL NAME:  |  |
| --- | --- |
| RESIDENTIAL ADDRESS: |  |
| NATIONALITY: |  |
| OCCUPATION: |  |

# **BENEFICIARY**

| FULL NAME:  |  |
| --- | --- |
| RESIDENTIAL ADDRESS: |  |
| NATIONALITY: |  |
| OCCUPATION: |  |
| RELATION WITH THE SETTLOR |  |

# **PROTECTOR**

# According to the International Trust Law 69 (I)/1992 to 2012, “protector” means a person other than the trustee to whom powers of any nature are conferred by the trust instrument, including the power to advise a trustee as to the exercise of the trustee’s powers, the rights of the trustee in respect of a consent or veto, and includes the right to appoint or remove a trustee.

# (www.cylaw.org/nomoi/enop/non-ind/1992\_1\_69/full.html)

| FULL NAME:  |  |
| --- | --- |
| RESIDENTIAL ADDRESS: |  |
| NATIONALITY: |  |
| OCCUPATION: |  |
| RELATION WITH THE SETTLOR |  |

# **MANDATORY DOCUMENTS**

The following documents must be attached with this questionnaire

*(This represents the minimum documentation that must be provided. Further documentation must be available upon further request)*

1. Trust Deed (The trust deed has to include the schedule of assets, how and by whom the trust is governed (trustee, protector provisions etc);
2. Certificate of Registration.

 Documentation for the relevant parties (Trustee, Settlors, Beneficiaries and Protector):

* Copy of Passport or ID
* Utility bill of electricity or water or gas or landline, less than 3 months old
* Reference letter from a Bank or Lawyer or Accountant (for the Settlor)
* Detailed Curriculum Vitae (for the Settlor)

**Important notice**

Any document must be Original or Certified True Copy. Certified True Copy must be by a Notary Public, Embassy or Consulate or High Commission or Apostille.

Documents must be either in English or Greek Language, if not official translation is needed.

Upon request, the necessary supporting documentation shall be provided *(such as contracts, invoices, information on business associates etc.)*, for justification of the line of business and the economic profile of the UBO/Natural Person.

# **BY SIGNING THIS FORM I CONFIRM AND DECLARE THAT:**

* I am the Settlor and/or authorized signatory or a person who will control, manage or direct the management of the legal entity;
* I have not been engaged in or have benefited from:

  *a.* a criminal conduct and/or

  *b*. funds which are wholly or partially, directly or indirectly products of a criminal conduct.

* The information given overhead and the documents requested hereby are true and accurate. Should there be any changes in the information provided, I undertake to promptly notify the Law Firm/ASP/Law Office about those changes in writing.

| SIGNATURE |  |  DATE |  |
| --- | --- | --- | --- |

| FULL NAME |  |  |  |
| --- | --- | --- | --- |

**WITNESS**

LAWYER’S SIGNATURE  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** LAWYER’S FULL NAME  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APOSTILLE  *(in case of non-face to face client)*