



Swiss Association  
of Trust Companies

# Membership Application Form

for the

Swiss Association of Trust Companies (“SATC”)

**Application for:**

- Full Membership
- Adherent Membership: Where an Applicant does not meet all of the requirements for full membership as set out in the Membership Regulations, but is most likely to meet these in the near future, such Applicant may be accepted with Adherent Member Status for a period not exceeding two years.

**Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**SATC**  
P.O. Box 616  
Neugasse 12  
6301 Zug  
Phone: +41 (0)41 727 05 25  
Fax: +41 (0)41 727 05 21  
[www.satc.ch](http://www.satc.ch)

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## Membership Requirements & Application Guidance

Full membership with SATC is open to any Swiss registered entity or branch of foreign entity with operative offices in Switzerland that is mainly active in the trust business from within Switzerland

- for two or more years;
- either with its staff spending, on average, 50% or more of its activity on trusts or trust related mandates OR if the entity attends to at least 20 trusteeships, either as trustee or as trust administrator;
- with at least 3 Swiss based employees, all fit and capable of acting as trust managers or administrators, with the necessary educational background and professional experience as stated in the Membership Regulations;
- adhering at all times to the so-called "4-eyes principle" in administering trust funds and other client assets, as evidenced by the commercial register, appropriate policies and procedures;
- with a paid in share capital of at least CHF 100'000 or in case of a branch of a foreign entity with equivalent working capital;
- having a duly registered Statutory Auditor in accordance with the Swiss Code of Obligations and an ordinary audit procedure (or equivalent);
- with adequate professional liability and directors & officers insurance coverage, and in no case less than CHF 2'000'000 (as of January 1, 2016 at the latest);
- being a full member of a Swiss recognised self-regulating organisation (hereinafter "SRO"), or under the supervision the Swiss Financial Market Supervisory Authority FINMA;
- which is able to demonstrate that it is in a position to decide freely and objectively on the administration of a trust;
- being committed to subscribe at all times to the SATC's values and rules as evidenced in its Bylaws, Regulations and Codes (available on SATC's website [www.satc.ch](http://www.satc.ch)), which are currently widely based on voluntary self-regulation that goes beyond the applicable official regulatory requirements.

The SATC Committee may from time to time issue further guidance on the application process for future members and it may amend or add further requirements, also as recommended by the SATC Advisory Board.

The Committee has absolute discretion on the acceptance of Members.

**Please note that the SATC Committee will only consider applications which are fully completed with all the necessary attachments enclosed.** The Applicant may be contacted by the Secretariat or a Committee Member in order to obtain additional information. A decision will be taken by the SATC Committee as soon as possible after all information is obtained. The Applicant will be notified in writing. In case of a negative decision, the application documentation will, in general, not be returned to the Applicant.

**Important:** This file and its contents will be treated with the utmost confidentiality during the review process and will only be seen by the limited number of Committee Members who form the review panel. After acceptance the file and information contained therein will not be available to anyone and will be kept securely in the SATC Secretariat.

An **Application Fee of CHF 3'500.-** is due prior to consideration of the Application, payable to SATC as follows:

Bank:	Credit Suisse, 8070 Zurich
Sort Code/BIC:	CRESCHZZ80A
Name of account:	Swiss Association of Trust Companies
Account number:	0879-594550-31
IBAN:	CH35 0483 5059 4550 3100 0

**Section 1: Details on Applicant<sup>1</sup>**

Please provide a brief summary of the services offered by the Applicant and the mission statement of the Applicant (or an extract thereof):

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Type of corporate entity (e.g. AG/SA, GmbH/Sarl):

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Since when has the Applicant been active in the trust business/providing for trustee services?

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Please provide information on the shareholder(s) with an interest of 5% or more of the Applicant (not required for public listed companies) or attach the Applicant's shareholder list hereto

Name	Address	Nationality	Percentage held
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In case the above shareholder(s) are not identical to the ultimate beneficial owner(s) and/or effective controller(s) of the Applicant, please state who is/are the beneficial owner(s) and/or effective controller(s) of the Applicant:

Name	Address	Nationality	Percentage held
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<sup>1</sup> In any case where materials are attached to the Application, **please indicate clearly which part of the materials form part of the Application and please number/cross-reference the attachments.**

Paid in share capital ( currency and amount; percentage of total share capital paid in) [if not completely paid in, please justify]

Annexes to be provided

- Extract from the Swiss commercial register for the Applicant (not older than 3 months; Internet extract acceptable), showing the directors of the Applicant, the share capital, the capital paid in, the Auditor
- Current company structure chart of the Applicant (including any ultimate beneficial owners, individual or corporate shareholders, parent companies, subsidiaries and otherwise affiliated companies, evidencing effective control regardless of the legal definitions)
- Current managerial organization chart of the Applicant (including for any affiliates providing management and/or administration services)
- Extract from the commercial register (or equivalent) for each corporate shareholder of the Applicant (not older than 3 months)
- Proof of payment of the Application Fee of CHF 3'500.-

## Section 2: Corporate Information on most relevant affiliates of the Applicant

Affiliates which are active in the Trust Business and for which the Applicant is providing management and/or administration services, but excluding any affiliates which were set up solely for particular related parties or transactions, such as private trust companies - hereinafter referred to as "Affiliate" or "Affiliates").<sup>2</sup>

Name of **Affiliate 1**<sup>3</sup>: \_\_\_\_\_

Registered address: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Country of incorporation: \_\_\_\_\_

Board of directors of Affiliate 1 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>2</sup> Please attach further pages if there are more than four Affiliates.

<sup>3</sup> "Affiliate" of any person means (i) any person in which such person has a significant economic interest and (ii) any person that directly or indirectly controls, is controlled by or is under common control with such person. As used in this definition, the term "control" means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a person, whether through ownership of voting securities, by contract or otherwise.

Name of **Affiliate 2**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_

Board of directors of Affiliate 2 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of **Affiliate 3**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_

Board of directors of Affiliate 3 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of **Affiliate 4**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_

Board of directors of Affiliate 4 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the Applicant has no Affiliates (as defined above), please explain how the Applicant operates to perform any trustee activities. In particular, please state who acts as trustee and/or co-trustee for trusts the Applicant administers/manages and how such trustee/co-trustee is related to the Applicant:

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Please provide the following for each Affiliate of the Applicant:

- Extract from the local commercial register or equivalent (not older than 12 months) OR
- Certificate of Incumbency (not older than 12 months)

### Section 3: Swiss SRO Membership/Supervision by the FINMA

Applicant's membership with a recognised Swiss SRO or direct supervision by the FINMA:

Name: \_\_\_\_\_

Member/Supervision since: \_\_\_\_\_

Membership/Reference number: \_\_\_\_\_

Has the Applicant ever been rejected/excluded as a member of an SRO/by the FINMA:  Yes  No

If yes, please give explanation: \_\_\_\_\_

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Please provide the following copies:

- For SRO members: copy of the latest SRO invoice
- For members under FINMA supervision: extract from the FINMA website or similar proof of FINMA supervision (e.g. relevant invoice)
- An extract of the last SRO/FINMA AML Audit Report evidencing that the report has been issued without restrictions re the adherence to the AML provisions. Alternatively, a written confirmation from the AML Auditor confirming the details may be provided. If the Auditor has not issued an unrestricted audit report, explanations should be given.

**Section 4: Due Diligence**

Please describe your new business acceptance procedure (including KYC-procedures, due diligence and risk control processes, business acceptance standards)

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Please evidence adherence to the so called "4-eyes principle" (joint signatory rights) in administering trust funds and other client assets (please provide a copy of the relevant internal policies and procedures)

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Please explain how your internal controls, in particular with regard to trust management, administration and trust assets, are organized (e.g. who has signatory powers over trust assets, how are these exercised, are formal guidelines available, checks and balances):

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**Section 5: Trust Licence<sup>4</sup>**

Please indicate whether the Applicant (e.g. if a Swiss branch of a foreign trustee) or any of its Affiliates hold a licence to provide trustee services (hereinafter "Trust Licence"):

Yes       No

If yes, please provide the following details on the entities holding a Trust licence:

<sup>4</sup> The term "licence" here includes authorisation or registration.

Name of licence holder (1): \_\_\_\_\_

Licensed in: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Name of licence holder (2): \_\_\_\_\_

Licensed in: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Name of licence holder (3): \_\_\_\_\_

Licensed in: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Has the Applicant (or any of its Affiliates) ever been rejected as a licence holder or has a licence been withdrawn?

No

If yes, please provide year and reason:

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

If neither the Applicant nor any of its Affiliates holds a Trust Licence, please explain the rationale for not holding any Trust Licence and explain how you perform trustee activities. Please state who acts as trustee for trusts and how such trustee is related to the Applicant or, if the Applicant uses co-trustees, please provide further details:

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

Annexes to be provided

Copy of current trust licence(s) (if any)





**Section 7: Proof of Professional Activity of the Applicant (also see section "Introduction")**

NB: The term trust is to be understood as defined in the Hague Convention on the law applicable to trusts and on their recognition.

Please state the number of trusteeships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the number of co-trusteeships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the number of protectorships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the number of trusts administered in Switzerland: \_\_\_\_\_

Please state the type of trusts the Applicant is administering/managing:

- Private / Family trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Corporate / Commercial trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)  
(e.g. Pension and Employee Benefit trusts)
- Charitable trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Other: please state: ( \_\_\_\_\_ %)

SUBTOTAL A: \_\_\_\_\_ %

What business other than trusts is the Applicant active in:

- Company management, directorships (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Foundations (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Fiduciary (e.g. nominees) (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Legal advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Bookkeeping (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Tax advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Charities (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Investment Advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Other: please state: ( \_\_\_\_\_ %)
- Other: please state: ( \_\_\_\_\_ %)

SUBTOTAL B: \_\_\_\_\_ %

**SUBTOTAL A + B = 100 %**

What percentage of the Applicant's total annual revenue is derived from trustee services

Please state the various jurisdictions governing the trusts

Annexes to be provided

- Applicant's current brochure(s) OR
- Link to Applicant's website (in particular to the trust business): www. \_\_\_\_\_

## Section 8: Insurance Coverage

Please state the name of the insurance company with which the Applicant has insurance to provide cover for liabilities arising from trustee operations (the name of the insurance broker is not sufficient):

Name of insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy number: \_\_\_\_\_

### **Declaration:**

The Applicant hereby declares that it has adequate insurance to provide cover for liabilities arising from its operations and undertakes to remain appropriately insured in the future upon becoming a Member of SATC.

First Signatory

Second Signatory

Place and Date: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

Annexes to be provided

- Please attach written confirmation from the Insurer that professional liability and directors & officers insurance is in place. From 1 January, 2016 latest this coverage must be not less than CHF 2'000'000.

## Section 9: Auditors

Please provide information on the registered Statutory Auditor of the Applicant and of its Affiliates:

Auditor of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Auditor since: \_\_\_\_\_

Previous Auditors: \_\_\_\_\_

If there has been a change of Auditor, please provide for the reason: \_\_\_\_\_

Auditor of Affiliates: \_\_\_\_\_

Address: \_\_\_\_\_

Auditor since: \_\_\_\_\_

Previous Auditors: \_\_\_\_\_

If there has been a change of Auditor, please provide for the reason: \_\_\_\_\_

Please provide for the following copies:

- An extract of the last Statutory Audit Report confirming that the financial statements comply with Swiss law, the company's articles of incorporation and that the company is in satisfactory financial standing as defined by the Swiss Company Law; reasonable assurance should be given that the financial statements are free from material misstatement. Alternatively, a written confirmation from the Statutory Auditor confirming the details may be provided. If the Auditor has not issued an unrestricted audit report, explanations should be given.

## Section 10: Confidentiality of Data

Information provided in, with and related to this Application is strictly confidential and will be treated as such by the organs and persons of the Association dealing with the Application. The information provided in the Application may be further used for statistical purposes and the Applicant hereby agrees to such use. The Association will take all appropriate measures to ensure that the specific identity of the Applicant and information related thereto retains its strictly confidential nature.

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## Section 11: Additional Attachments to be provided

In addition to the attachments requested in each section of the Application Form and for each Personal Identification Form please enclose the following additional attachments together with the Application:

- A reference letter for the Applicant, if possible, from an existing member of SATC or alternatively from a reputable Swiss law firm (not older than 3 months)
  - A reference letter for the Applicant from a Swiss resident bank other than a group affiliate (not older than 3 months)
  - Extract from the Swiss Debt Collection Register ("Betreibungsregisterauszug"/"Attestation de non poursuite de l'Office des Poursuites") (not older than 3 months)
  - Evidence of affiliation to a Swiss Social Insurance Administration Office (not older than 3 months)
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## Section 12: Confirmation

In applying for SATC membership the Applicant hereby confirms having read and understood all SATC Bylaws, Regulations and Codes (including the sanctions available) and subscribes to its content and the SATC's values in general. The Applicant agrees to strictly observe these rules, even though widely based on voluntary self-regulation that goes beyond the applicable official regulatory requirements. The Applicant confirms that all information provided in the Application is true to the best of its knowledge and belief.

The Applicant confirms that to the best of his knowledge and belief it complies with all Swiss laws and regulations applicable to its business.

	First Signatory	Second Signatory
Place and Date:	_____	_____
Signed:	_____	_____
Name:	_____	_____
Position:	_____	_____

**When completed kindly send the application form and all attachments to the SATC Secretariat, P.O. Box 616, Neugasse 12, 6301 Zug.**

## SATC Personal Information Form on Executive Directors or General Manager

Name: \_\_\_\_\_  
Place and date of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Private address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Professional Qualifications according to the Membership Regulations:

- STEP Membership and at least four years of professional experience OR  
 A university degree and at least six years of relevant professional experience OR  
 A recognised professional qualification and at least six years of relevant professional experience OR  
 At least 10 years of relevant professional experience

Please describe in detail your professional qualifications

Professional education: \_\_\_\_\_  
Years of experience of trust business: \_\_\_\_\_  
STEP membership number (if any): \_\_\_\_\_

When were you appointed as Executive Director / General Manager of the Applicant? \_\_\_\_\_

Please describe your responsibilities and any activities you perform in your capacity:

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

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signature: \_\_\_\_\_

**Please provide for the following copies:**

- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 3 months)  
 Copy of the passport  
 Copy of the Swiss residence and working permit (if not Swiss citizen)  
 Curriculum Vitae  
 Extract from Police/Criminal Record (not older than 6 months)

## SATC Personal Information Form on most Senior Manager of trust operations

Name: \_\_\_\_\_  
Place and date of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Private address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Professional Qualifications according to the Membership Regulations:

- STEP Membership OR
- A university degree OR
- A recognised professional qualification OR
- At least 5 years of relevant professional experience

Please describe in detail your professional qualifications

Professional education: \_\_\_\_\_  
Years of experience of trust business: \_\_\_\_\_  
STEP membership number (if any): \_\_\_\_\_

When were you appointed as Senior Manager of the Applicant? \_\_\_\_\_

Please describe your responsibilities and any activities you perform in your capacity:

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

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signature: \_\_\_\_\_

**Please provide for the following copies:**

- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 3 months)
- Copy of the passport
- Copy of the Swiss residence and working permit (if not Swiss citizen)
- Curriculum Vitae
- Extract from Police/Criminal Record (not older than 6 months)

## SATC Personal Information Form on Compliance Officer

Name: \_\_\_\_\_  
Place and date of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Private address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Professional Qualifications according to the Membership Regulations:

- STEP Membership OR
- A university degree OR
- A recognised professional qualification OR
- At least 5 years of relevant professional experience

Please describe in detail your professional qualifications

Professional education: \_\_\_\_\_  
Years of experience of trust business: \_\_\_\_\_  
STEP membership number (if any): \_\_\_\_\_

When were you appointed as Compliance Officer of the Applicant? \_\_\_\_\_

Please describe your responsibilities and any activities you perform in your capacity:

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

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

### Please provide for the following copies:

- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 3 months)
- Copy of the passport
- Copy of the Swiss residence and working permit (if not Swiss citizen)
- Curriculum Vitae
- Extract from Police/Criminal Record (not older than 6 months)