



Swiss Association
of Trust Companies

Application Form for Guest Status

for the

Swiss Association of Trust Companies

("SATC")

Guest Applicant:

Name:

Address:

Website:

Contact person:

Telephone:

E-mail:

Date of Submission:

SATC

Postfach 2521
Baarerstrasse 75
6302 Zug

Phone: +41 (0)41 727 05 25
Fax: +41 (0)41 727 05 21
www.satc.ch

Introduction:

SATC guest status is open to Swiss registered entities with operative offices in Switzerland providing for high quality trustee services who are most likely to be admitted as full SATC members within the next two years. For more details please contact the SATC Secretariat or consult the SATC Membership Regulations which may be downloaded from the SATC website, www.satc.ch.

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. The Applicant will be notified in writing. All information contained in this form will be kept strictly confidential by the SATC Committee and persons to whom they may delegate administrative tasks. 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 2'500.–** 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

In case a trust company with SATC guest status is granted full membership status at a later stage, the Application Fee for full membership is waived.

Section 1: Details on Applicant¹

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

Legal status of Applicant: _____

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

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 |
|-------|---------|-------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

¹ 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.**

Is/are the shareholder(s) identical to the ultimate beneficial owner(s) and/or effective controller(s) of the Applicant? If this is not the case, please state who is/are the beneficial owner(s) and/or effective controller(s) of the Applicant:

Yes No

| Name | Address | Nationality |
|-------|---------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please provide the following copies:

- Current extract from the Swiss based commercial register of the Applicant
- Current structure chart of the Applicant (including any Affiliates providing any management and/or administration services).
- Please provide structure chart detailing beneficial and legal ownership structure and status. By this is meant "Effective Control" regardless of the legal definitions (Internet extract acceptable).
- Extract from the commercial register (or similar) for each corporate shareholder of the Applicant (not older than 12 months)
- Proof of payment of the Application Fee of CHF 2,500.-

Section 2: Corporate Information on up to two most important affiliates of the Applicant 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").

Name of **Affiliate 1²**: _____

Date of incorporation: _____

Country of incorporation: _____

Name of **Affiliate 2**: _____

Date of incorporation: _____

Country of incorporation: _____

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:

² "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.

Please provide the following for each Affiliate of the Applicant:

- Copy of the extract from the local commercial register or equivalent (not older than 12 months) OR
 - Copy of the Certificate of Incumbency (not older than 12 months)
 - Pls. provide a register of directors
-

Section 3: Swiss SRO Membership/Supervision of the FINMA & Due Diligence

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

Name: _____

Member/Supervision since: _____

Membership/Reference number: _____

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

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

Please provide the following copies:

- For SRO members: copy of a letter of confirmation (or similar) of last SRO audit or copy of the relevant invoice
 - For members under FINMA supervision: extract from the FINMA website or similar proof of FINMA supervision (e.g. relevant invoice)
-

Section 4: Trust Licence³

Does the Applicant 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 (or, if more than two, those most frequently appointed as trustee/co-trustee):

Name of licence holder (1): _____

Licensed in: _____

Type of Trust Licence: _____

Date licence was first issued: _____

³ The term "licence" here includes authorisation or registration.

Name of **licence holder (2)**: _____

Licensed in: _____

Type of Trust Licence: _____

Date licence was first issued: _____

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

No

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 the Applicant performs 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:

Please provide for the following copies:

Copy of current trust licence(s)

Section 5: Qualifications of Directors and Management

Number of staff of the Applicant *in total*⁴:

Number of staff of the Applicant *in full time equivalents*: _____

Number of staff involved in the trust business (*in % of total workload*): _____ %

Please state the name, function, age and education of each (in case of a large number of staff, please give details on the more senior staff members) employee:

| Name | Function | Education | STEP Member | Age |
|------|----------|-----------|-------------|-----|
|------|----------|-----------|-------------|-----|

Attach org. chart

⁴ Where the Applicant does not directly employ staff, please explain in detail how staffing for the trust operation is organized.

Section 6: Proof of Professional Activity of the Applicant

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 of the Applicant managed from CH: _____

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

- Family trusts (Percentage of Applicant's trust activity: _____ %)
- Testamentary Trusts (Percentage of Applicant's trust activity: _____ %)
- Private trust companies (Percentage of Applicant's trust activity: _____ %)
- Non-charitable purpose trusts (Percentage of Applicant's trust activity: _____ %)
- Pension and employee trusts (Percentage of Applicant's trust activity: _____ %)
- Charitable trusts (Percentage of Applicant's trust activity: _____ %)
- Trust Reg. (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: _____ (_____ %)

SUBTOTAL B: _____ %

SUBTOTAL A + B = 100 %

Please provide the following:

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

Section 7: 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: _____

Section 8: Auditors

State the registered statutory auditors of the Applicant and of its Affiliates:

Auditor of Applicant: _____
Address: _____
Auditors since: _____
Previous auditors: _____

If there has been a change of auditor, please provide for the reason: _____

Section 9: 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.

ADDITIONAL ATTACHMENTS TO BE PROVIDED

In addition to the attachments requested in each section of the Application 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 a reputable Swiss law firm or bank
- CV of the Applicant's Managing Director
- CV of the Applicant's Compliance Officer

The entity applies for guest status of the Swiss Association of Trust Companies (SATC) and agrees to observe the Bylaws of the Association and any regulations issued, and to act, at all times, in accordance with the SATC Code of Ethics and Business Conduct. The Applicant confirms that all information provided in the Application is true to the best of its knowledge and belief.

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.

