



Trust Registration Form

SECTION 1 - General information

In order to register the trust it **MUST** be:

- in receipt of taxable income in accordance with section 11 of the Income Tax Act 2010; and
- resident in Gibraltar as per the provisions of section 13(2) of the Income Tax Act 2010 (i.e. at least one ordinarily resident beneficiary)

IF THE TRUST DOES NOT MEET BOTH OF THE ABOVE CRITERIA THE TRUST IS NOT REQUIRED TO REGISTER

Name of Trust

PLEASE PROVIDE A COPY OF THE TRUST DEED WITH THIS RETURN

SECTION 2 - Details of trustees

Please provide the details requested below, where appropriate, for **each** trustee. If this trust has more than 3 trustees then please provide this additional information in supporting schedules. The date of birth (DOB) or Date of incorporation (DOI) as well as the residential or registered address should be provided for individuals or companies respectively.

Trustee 1 - PRINCIPAL ACTING TRUSTEE

Designated to deal with the Income Tax Office on behalf of the Trust. The actions of the Principal Acting Trustee are treated by the Income Tax Office as representing the actions of all the trustees

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Please select the type of this trustee

Professional trustee

Non-professional trustee

SECTION 2 (Contd.) - Details of trustees

Trustee 2

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Non-professional

Trustee 3

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Non-professional trustee

SECTION 3 - Details of beneficiaries

Please provide the details requested below, where appropriate, for **each** beneficiary. If this trust has more than 5 beneficiaries then please provide this additional information in a supplement to this return. The residential / registered address & date of birth / incorporation date should be provided for individuals / companies respectively.

Beneficiary 1 Resident Non-Resident

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Beneficiary 2 Resident Non-Resident

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

SECTION 3 (Contd.) - Details of beneficiaries

Beneficiary 3

Resident

Non-Resident

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

| |
|----------------------|
| <input type="text"/> |
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SECTION 4 - Declaration by Principal Acting Trustee

I declare that the information contained in this tax return is correct and complete to the best of my knowledge and belief.

Signature

Date

A photocopy of a signature is not acceptable

Name of declarant

Any person signing this declaration must be an authorised signatory of the trust and if signing on behalf of a professional trustee must state the name of the individual signing the return and the capacity in which they are authorised to do so.