

Client Signature



## **Trust Questionnaire and Information Declaration**

Trust Name:	
Trustees:	
Physical Address:	
Postal Address:	
Phone:	Mobile:
Email:	
Please provide the	following information relative to the 2024 Financial Year (01.04.2023 – 31.03.2024)
Copies of December 2	eed(s) of Reduction of Debt by way of Gift
Copies of Ro	esolutions
<ul> <li>Copies of Ba</li> </ul>	ank Statements, RWT Certificates, Dividend Certificates
<ul> <li>Copies of Te</li> </ul>	erm Deposit Statements
<ul> <li>Details of ar</li> </ul>	ny income that the Trust may be in receipt of during the Financial Year
<ul> <li>Details of ar</li> </ul>	ny expenses that the Trust may have incurred during the Financial Year – please provide receipts
<ul> <li>Details of ar</li> </ul>	ny changes to Assets and Liabilities
	formation that you think may be relevant in assisting with the preparation of the Trust Tax Return and or the 2024 Year.
Other Information	
	ees, Beneficiaries including residency status, all changes to the residency of the settlor, details on all distributions to beneficiaries and gifting certificates.
INFORMATION DE	CLARATION AND AUTHORITY INSTRUCTION
necessary to carry o services are not inter in so far as third pa communicate with th	you to prepare my/our Financial Reports and Taxation Returns. I/We undertake to supply all information but such services and will be responsible for the accuracy and completeness of such information. You night not result in the expression by you of an opinion on the financial statements are concerned, or the fulfilling of any statutory audit requirements. You are hereby authorised to be appropriate Bankers, Solicitors, Finance Companies, Inland Revenue Department and other persons of ain such further information as you may require, to carry out the above assignments.

**Client Name** 

Date