CHARTERED ACCOUNTANTS™
AUSTRALIA • NEW ZEALAND

Nattrass Gibb & Associates
Chartered Accountants

Trust Questionnaire and Information Declaration

Trust Name: ____

Trustees: ____

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Physical Address: ____

Postal Address: ____

Phone: ______________________ Mobile: ______________________

Email: ____

Please provide the following information relative to the 2026 Financial Year (01.04.2025 – 31.03.2026)

- Copies of Deed(s) of Reduction of Debt by way of Gift
- Copies of Resolutions
- Copies of Bank Statements, RWT Certificates, Dividend Certificates
- Copies of Term Deposit Statements
- Details of any income that the Trust may be in receipt of during the Financial Year
- Details of any expenses that the Trust may have incurred during the Financial Year – please provide receipts
- Details of any changes to Assets and Liabilities
- Any other information that you think may be relevant in assisting with the preparation of the Trust Tax Return and Financials for the 2026 Year.

Other Information

All changes to Trustees, Beneficiaries including residency status, all changes to the residency of the settlor, details on any resettlements, all distributions to beneficiaries and gifting certificates.

INFORMATION DECLARATION AND AUTHORITY INSTRUCTION

I/We hereby instruct you to prepare my/our Financial Reports and Taxation Returns. I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the financial statements in so far as third parties are concerned, or the fulfilling of any statutory audit requirements. You are hereby authorised to communicate with the appropriate Bankers, Solicitors, Finance Companies, Inland Revenue Department and other persons or organisations to obtain such further information as you may require, to carry out the above assignments.

______________________	______________________	______ / ______ / ______
Client Signature	**Client Name**	**Date**