

Nevis Foundation Questionnaire

1. Information on Founder
2. Information on Member of Management and Supervisory Board
3. Information on Beneficiaries
4. Information on Secretary
5. Information on Intermediary
6. Information on Foundation
7. Information on References
8. Documents Required and Check List

All information received for this application will be held in the strictest of confidence by Acme Trust Services Limited and such confidential information will not be shared with any third party.

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www.acmetrustnevis.com



NEVIS FOUNDATION QUESTIONNAIRE

2. Please complete details of Members on Management or Supervisory Board in respect to the Foundation's boards.

Capacity the Person will act

Management Supervisory

Name _____
First Middle Last

Previous Name _____
(i.e. maiden name or if you have changed your name by deed poll)

Personal Address _____
Street _____
City _____ State _____
Country _____ Postal Code _____

Email Address (personal) _____
Home Number _____
Fax Number _____
Cell Number _____

Occupation or Profession _____

Are you a US Person? Yes _____ No _____
(US Citizen; US passport holder; US Green cardholder)

Nationality(ies) _____ D.O.B. _____
e.g. 17Dec2013

Passport # _____ Exp. Date _____
e.g. 17Dec2013

Country of Issue _____

Driver Licence # _____ Exp. Date _____
e.g. 17Dec2013

Country of Issue _____

Signature _____

Date _____
e.g. 17Dec2013



NEVIS FOUNDATION QUESTIONNAIRE

3. Please complete details of ALL Beneficiaries

Beneficiary Name _____
First Middle Last

Previous Name _____
(i.e. maiden name or if you have changed your name by deed poll)

Personal Address _____
Street _____
City _____ State _____
Country _____ Postal Code _____

Email Address (personal) _____
Home Number _____
Fax Number _____
Cell Number _____

Are you a US Person? Yes _____ No _____
(US Citizen; US passport holder; US Green cardholder)

Nationality(ies) _____ D.O.B. _____
e.g. 17Dec2013

Passport # _____ Exp. Date _____
e.g. 17Dec2013

Country of Issue _____

Driver License # _____ Exp. Date _____
e.g. 17Dec2013

Country of Issue _____

Distribution on benefits _____

NEVIS FOUNDATION QUESTIONNAIRE

5. Please complete details on Professional Intermediary

1. Intermediary Name _____

2. Permanent Address _____

Country _____ Postal Code _____

3. Mailing Address (if different)

4. Email Addresses

Business _____

5. Phone Numbers

Business _____

6. Facsimile Numbers

Business _____

7. Type of Business _____

8. Country of Incorporation _____

9. Notarised Corporate Documents and Articles of Association/Memorandum/Bylaws _____

10. Notarised copy of Certificate of Good Standing _____

11. Copy of Regulatory License _____

12. Certified copies of passport of Directors _____

NEVIS FOUNDATION QUESTIONNAIRE

6. Information on Foundation

1. Preferred Name of Foundation with suffix, (Trust; LLC; Ltd; LP) or without brackets followed by Foundation or FDN

1. _____
2. _____
3. _____

2. Purpose of Foundation to be established

3. Description of Class of Beneficiaries:

4. Type of Foundation:

Ordinary Foundation

Trust Foundation

Company Foundation

Partnership Foundation

Limited Company

General Partnership

Unlimited Company

Limited Partnership

Limited Liability Company

Limited liability partnership
(or limited liability company to be
treated as a partnership)

5. If **Section 2** is left blank, our in house company will act as a Member of the Management Board and or Supervisory Board to the Foundation.
6. If **Section 4** is left blank, our in house company will act as the Secretary to the Foundation, provided Acme Trust Services Ltd is **not** the sole member of Management or Supervisory Board.



NEVIS FOUNDATION QUESTIONNAIRE

7. Information on References

Reference letters should be in reference to the beneficial owners and addressed to Acme Trust Services Limited and the client must be known for at least 12 months. These letters must be originals and must be dated within 6 months of the current date.

Professional Details (Lawyer, Accountant, CPA)

Name _____ Contact Person _____

Address _____

Country _____ Postal Code _____ Email _____

Telephone Number _____ Fax Number _____

Length of time of professional relationship. _____ years

Bank Details

Name of Bank _____ Contact Person _____

Address _____

Country _____ Postal Code _____ Email _____

Telephone Number _____ Fax Number _____

Length of time the account has been opened. _____ years

NEVIS FOUNDATION QUESTIONNAIRE

8. Documents Required and Check List

In order for the application to be approved the following documentations must be submitted

*Due Diligence documents on the Founder, Members of the Boards

Due Diligence document on the Beneficiary – Notarised passport and driver’s licence

- One original signed completed questionnaire

Due Diligence Documents

- One original Utility Bill/Bank Statement (No P. O. Box and no more than 6 months old)
- One original bank reference letter
- One original professional reference letter
- Notarised copy of passport (High quality)
- Notarised copy of driver’s licence (High quality)

DISCLAIMER OF LIABILITY

Acme Trust Services Limited expressly disclaims any liability to the Client, the Client’s Entity, and all Third Parties for any damage or loss to the Client, the Client’s Entity or any other Person arising out of the use of the Client’s Entity or the provision of Acme Trust Services Limited for services to the Client, the Client’s Entity or any other Persons.