

TRUST QUESTIONNAIRE

If you need any help completing this form, please contact the relevant OCRA Worldwide office. Details can be found on www.ocra.com

Please complete in BLOCK CAPITALS and return to us

ABOUT THE TRUST				
	nd ensure that our serv	vices are not u		funded. This information is required so we may s, money laundering or the financing of terrorist
Who will settle the Trust?				
Who will be the beneficiari	es of the Trust?			
Beneficiary (1)				
Beneficiary (2)				
Beneficiary (3)				
Beneficiary (4)				
ABOUT YOU - Mandat	orv			
What is your name?	Oly			
	of OCBA Worldwide?			
Are you an exisitng client of				
If yes to the above, of which	:h office?			
Address				
Email			Mobile Telephone	
Telephone			Facsimile	
MARKETING INFORM	ATION			
How did you first find out a	bout OCRA Worldwide	e?		
Have you seen any of our	advertising? If so, in w	vhich publication	on?	
If you are not emailing this	s form, PLEASE SIGN	HERE		
Today's Date (DD/MM/YY	YY)			
We will contact you sho	rtly to clarify your in	nstructions, fin	alise the application pr	ocess, arrange payment, and collect certain

mandatory information relating to the prevention of money laundering. In submitting this questionnaire, all persons mentioned on this form agree to be bound by OCRA Worldwide's Terms of Business or such other new terms of business as may from time to time be

published on OCRA Worldwide's website (www.ocra.com) or about which they may otherwise be informed.