# On boarding Questionnaire (Trust)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **NEW OR EXISTING TRUST** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | New Business Relationship | | | | | |  | Existing Client | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** | **TRUST DETAILS (establish the identity of the client)** | | | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trust Name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trust No. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Master's Office: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Jurisdiction of Trust: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Type of Trust: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | VAT No.: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Physical Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4.** | **TRUSTEES (complete for every Trustee)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **TRUSTEE 1** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **TRUSTEE 2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5.** | **RESOLUTION (documentation authorising a person to act for the Trust)** | | | | | | | | | | | | | | | | |
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|  |  | Yes |  |  |  |  |  |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **AUTHORISED SIGNATORY(IES) (establish the identity of the persons authorised to act on behalf of the Trust)** | | | | | | | | | | | | | | | | |
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|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **7.** | **FOUNDER** | | | | | | | | | | | | | | | | |
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|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **8.** | **BENEFICIARIES (complete for each beneficiary)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **BENEFICIARY 1** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **BENEFICIARY 2** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full Names: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of Birth: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Identity No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Citizenship: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Passport No. (if foreign national): | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Residential Address: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile No.: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **9.** | **NATURE OR PURPOSE OF THE TRUST (why was the Trust established)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Provide details about the Trust, its purposes, etc.: | | | | | | | | | |  |  |  |  |  |  |  |
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| **10.** | **NATURE OF THE BUSINESS RELATIONSHIP (understand the client and explain the purpose and nature of the business relationship with the client)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Source of Income: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Source of Wealth: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Services to be provided to the client: | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Anticipated frequency of transactions   e.g. once-off, annually, ad-hoc etc.: | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Expected size of transactions: | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | Type of financial products e.g. retirement   annuity, endowment, shares etc.: | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | Provide further details below: | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| **11.** | **SCREENING** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Does the client's name appear on the UN Green or Black list? | | | | | | | | | | | |  | Yes |  |  | No |
|  | **(NB: If the answer to this question is YES, immediately refer this matter to the FICA Compliance Officer)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12.** | **FOREIGN PROMINENT PUBLIC OFFICIAL (FPPO)** | | | | | | | | | | | | | | | | |
|  | (Complete the questionnaire for Foreign Prominent Public Officials) | | | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are any of the parties to the Trust FPPO's? | | | | | | | |  |  |  |  |  | Yes |  |  | No |
|  | **(NB: If the answer to this question is YES, immediately refer this matter to the FICA Compliance Officer)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13.** | **DOMESTIC PROMINENT INFLUENTIAL PERSONS (DPIP)** | | | | | | | | | | | | | | | | |
|  | (Complete the questionnaire for Domestic Prominent Influential Persons) | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are any of the parties to the Trust, DPIP's? | | | | | | | |  |  |  |  |  | Yes |  |  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14.** | **CLIENT RISK PROFILE** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | **RATE** | | | | | |
|  | Interaction with client (e.g. face-to-face) | | | | | | | |  |  |  | 1 | | 2 | | 3 | |
|  | Client co-operation and behaviour | | | | | | |  |  |  |  | 1 | | 2 | | 3 | |
|  | Transaction within the client's financial means | | | | | | | | |  |  | 1 | | 2 | | 3 | |
|  | Size of transaction | | | |  |  |  |  |  |  |  | 1 | | 2 | | 3 | |
|  | Product selection | | | |  |  |  |  |  |  |  | 1 | | 2 | | 3 | |
|  | Client's geographical location | | | | | |  |  |  |  |  | 1 | | 2 | | 3 | |
|  | Client type (e.g. foreign national, SA citizen) | | | | | | | | |  |  | 1 | | 2 | | 3 | |
|  | Client activities/occupation (source of income/wealth) | | | | | | | | | | | 1 | | 2 | | 3 | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **TOTAL** | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **LOW RISK** | | |  | 0 - 8 | | | | | |
|  |  |  |  |  |  |  |  | **MEDIUM RISK** | | | | 9 - 16 | | | | | |
|  |  |  |  |  |  |  |  | **HIGH RISK** | | |  | 17+ | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15.** | **ACCEPTANCE AND SIGN-OFF PROCESS** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Accept | |  | Decline | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Reason client was accepted or declined: | | | | | | | |  |  |  |  |  |  |  |  |  |
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|  | **EMPLOYEE WHO COMPLETED THE QUESTIONNAIRE** | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **FICA COMPLIANCE OFFICER or SENIOR MANAGEMENT (FOR ALL HIGH-RISK CLIENTS)** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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