

Client Trust Registration Form

In order to register your Trust with HM Revenue & Customs (HMRC) using their online Trust Registration Service (TRS) we need some information regarding you and your Trust.

Please be assured your details will be kept entirely confidential. Our full privacy policy can be viewed here **www.mogersdrewett.com/privacy-policy** and paper copies are available on request.

	About you
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
National Insurance Number	
Passport Number (Please supply a certified copy if not a UK citizen)	
Nationality	
Country of Residence	

Ak	pout the Trust	
Name of the Trust		
	Please tick relevant trust	
Type of Trust	Discretionary Trust	Life Interest Trust
	Bare Trust	Not known
	Please supply a copy of the Tr	rust document
Date Trust created		
If your Trust has a Unique Taxpayer Reference Number (UTR), please enter it here. Please also enter details of the Trust's assets on page 8 of this form. (The UTR can be found on correspondence from HMRC).		





Please can each trustee supply the information requested below. If there are more than 4 trustees please use additional sheets.

Tr	rustee One		Tr	rustee Two	
Title			Title		
Name			Name		
Surname			Surname		
Date of Birth			Date of Birth		
Address			Address		
Postcode			Postcode		
Phone Number			Phone Number		
Email			Email		
National Insurance Number			National Insurance Number		
Passport Number (Please supply a certified copy if not a UK citizen)			Passport Number (Please supply a certified copy if not a UK citizen)		
Nationality			Nationality		
Country of Residence			Country of Residence		
Do they have mental capacity?	Yes N	0	Do they have mental capacity?	Yes	No





Tru	ustee Three	Tr	ustee Four
Title		Title	
Name		Name	
Surname		Surname	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Phone Number		Phone Number	
Email		Email	
National Insurance Number		National Insurance Number	
Passport Number (Please supply a certified copy if not a UK citizen)		Passport Number (Please supply a certified copy if not a UK citizen)	
Nationality		Nationality	
Country of Residence		Country of Residence	
Do they have mental capacity?	Yes No	Do they have mental capacity?	Yes No





S	ettlor One	S	ettlor Two
Title		Title	
Name		Name	
Surname		Surname	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Phone Number		Phone Number	
National Insurance Number		National Insurance Number	
Passport Number (Please supply a certified copy if not a UK citizen)		Passport Number (Please supply a certified copy if not a UK citizen)	
Nationality		Nationality	
Country of Residence		Country of Residence	



The Beneficiaries

Please provide information about those benefiting from the Trust (Beneficiaries).

Please include Life Tenant – the beneficiary entitled to receive lifetime benefits from a Trust and Remainderman – the beneficiary who will receive trust assets after the Life Tenant has died. If beneficiaries are organisations please complete the organisation pages below.

If you have more than 2 beneficiaries please use additional sheets.

Ben	eficiary One	Beneficiary Two	
Title		Title	
Name		Name	
Surname		Surname	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Phone Number		Phone Number	
Email		Email	
National Insurance Number		National Insurance Number	
Passport Number (Please supply a certified copy if not a UK citizen)		Passport Number (Please supply a certified copy if not a UK citizen)	
Nationality		Nationality	
Country of Residence		Country of Residence	
Do they have mental capacity?	Yes No	Do they have mental capacity?	Yes No



The Beneficiaries

Bene	ficiary Three	Ber	neficiary Four
Title		Title	
Name		Name	
Surname		Surname	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Phone Number		Phone Number	
Email		Email	
National Insurance Number		National Insurance Number	
Passport Number (Please supply a certified copy if not a UK citizen)		Passport Number (Please supply a certified copy if not a UK citizen)	
Nationality		Nationality	
Country of Residence		Country of Residence	
Do they have mental capacity?	Yes No	Do they have mental capacity?	Yes No



Organisation Beneficiaries

Organisation One		
Organisation Name		
Address		
Postcode		
Country of Residence		

Organisation Two		
Organisation Name		
Address		
Postcode		
Country of Residence		



The Trust's Assets

Only complete if your Trust has a UTR

Thank you please return the completed form to Mogers Drewett. Once we receive the form we will register the trust with HMRC and confirm when this is done.