

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	

About the Trust

Name of the Trust	
Type of Trust	<p>Please tick relevant trust</p> <p> <input type="checkbox"/> Discretionary Trust <input type="checkbox"/> Life Interest Trust </p> <p> <input type="checkbox"/> Bare Trust <input type="checkbox"/> Not known </p> <p>Please supply a copy of the Trust document</p>
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.

Trustee One		Trustee 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 <input type="checkbox"/> No <input type="checkbox"/>	Do they have mental capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Trustee Three		Trustee 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 <input type="checkbox"/> No <input type="checkbox"/>	Do they have mental capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>



The Settlor/s

Settlor One		Settlor 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.

Beneficiary 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 <input type="checkbox"/> No <input type="checkbox"/>	Do they have mental capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>



The Beneficiaries

Beneficiary Three		Beneficiary 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 <input type="checkbox"/> No <input type="checkbox"/>	Do they have mental capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Organisation Beneficiaries

Organisation One

Organisation Name

Address

Postcode

Country of Residence

Organisation Two

Organisation Name

Address

Postcode

Country of Residence



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.