



CONFIDENTIAL

**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider :
.....

I. CHECKLIST FOR TRUST SERVICE PROVIDERS

For the implementation of article 2, paragraph 1, of the National Ordinance on the Supervision of Trust Service Providers (N.G. 2003, no. 114), hereafter referred to as "National Ordinance".

The application form guides the applicant through all the necessary documents and information required to apply for a license to provide trust services as defined in article 1, sub a of the National Ordinance. All sections of the application form should be signed by the individuals submitting the application. The license will be processed after all the items listed below are received. Please indicate whether the documents and information listed have been included with your application by checking the corresponding box:

- ☐ Application form completed and signed by the authorized individuals.
- ☐ Extracts of Chamber of Commerce.
- ☐ Personal Questionnaires (notarized).
- ☐ Articles of Association.
- ☐ Audited annual accounts of the last three years or the draft (unaudited) financial figures.
- ☐ Internal and Group holdings structure.
- ☐ Business plan (only for newly established trust service providers).
- ☐ A copy of the administrative organization and internal controls procedures manual.
- ☐ Sample of agreements and/or deeds.
- ☐ Proof of payment of nonrefundable application fee.
- ☐ Supplementary information.

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider :
.....

For the implementation of article 2, paragraph 1 of the National Ordinance on the Supervision of Trust Service Providers (N.G. 2003, no. 114), hereafter referred to as "National Ordinance".

GENERAL NOTES

All information supplied in this form is confidential and should be supplied, preferably typewritten in bold letters. If a question is not applicable or is answered with a "no", an explanation should be provided. If the information cannot be supplied in the available space, please provide the additional information on annex 9 with reference to the question on the application form. Furthermore, additional necessary documents should be attached to the application form with reference to the corresponding question or annex. Inadequate or inaccurate information may result in a delay in processing the application form or a rejection of the application.

II. GENERAL INFORMATION

1. SERVICE PROVIDER'S INFORMATION

1.1 Please provide the statutory name of the (proposed) Trust Service Provider and the trading name(s).

.....
.....
.....
.....
.....
.....

1.2 Please provide the following information of the (proposed) Trust Service Provider:

Address

P.O. box (if available)

Telephone number(s)

Telefax number(s)

E-mail address (if available)

.....
.....
.....
.....
.....
.....
.....
.....
.....

APPLICATION FORM

For Trust Service Providers

1.3 Please state the (legal) status of the (proposed) Trust Service Provider by checking the appropriate box

- ☐ limited liability company ("n.v.")
- ☐ private limited liability company ("b.v.")
- ☐ partnership ("c.v.")
- ☐ natural person
- ☐ other, please specify

1.4 Which services are provided by the Trust Service Provider? Please specify.

- ☐ establishing an international company or causing it to be established when such is performed by a resident of the Netherlands Antilles;
- ☐ acting as the local representative or as the managing director of an international company, residing or established within the Netherlands Antilles;
- ☐ making natural persons or legal persons, residing or established within the Netherlands Antilles, available as the local representative or the managing director to an international company;
- ☐ winding up an international company or causing it to be wound up, when such is performed by a resident of the Netherlands Antilles;
- ☐ other, please specify
- ☐ other, please specify

1.5 Is the Trust Service Provider currently subject to any form of supervision? Please specify.

- ☐ no
- ☐ yes, the Trust Service Provider holds a license pursuant to the National Ordinance on the Supervision of Investment Institutions and Administrators (N.G. 2002, no. 137)
- ☐ yes, the Trust Service Provider holds a license pursuant to the National Ordinance on the Supervision of Banking and Credit Institutions (N.G. 1994, no. 4)
- ☐ other, please specify
-

2. DIRECTORS OF THE TRUST SERVICE PROVIDER

2.1 Please provide the names of the directors of the Trust Service Provider. Indicate if resident or non-resident of the Netherlands Antilles. If the director is a legal person please provide the names and deed of appointment of the natural persons who represent the legal person.

2.2 Please provide the names of the supervisory directors of the Trust Service Provider, if any. Indicate if resident or non-resident of the Netherlands Antilles.

2.3 Please provide the names of the persons listed under 2.1 who are responsible for the daily management of the Trust Service Provider. Indicate the names of the persons, if any, that are legal persons.

2.4 Are there any (natural or legal) persons directly or indirectly authorized to appoint or dismiss the directors listed under 2.1 besides the shareholders? If so, please provide their full names and function.

2.5 Please provide the names of all contact person(s) of the Trust Service Provider responsible for the reporting to the Central Bank.

3. PERSONS PROVIDING TRUST SERVICES UNDER RESPONSIBILITY OF THE APPLICANT
(Exhibits A & B to the license, if applicable)

3.1 Please indicate the name of the legal person(s) that should be placed on Exhibit A to the license.

3.2 Please specify the existing relationship(s) between the legal person(s) mentioned under 3.1 and the applicant.

3.3 A request for the placement of a legal person on Exhibit A should be accompanied by a copy of the Extract of the Chamber of Commerce and Articles of Association. Please indicate which of these documents are attached to annex 1 and 3 of this application form.

- ☐ Extract Chamber of Commerce
- ☐ Articles of association

3.4 Please provide the name(s) and addresses of the shareholders of the legal person(s).

3.5 Please provide the name(s) and addresses of policymakers other than the directors as mentioned on the Extract of the Chamber of Commerce of the legal person(s).

APPLICATION FORM
For Trust Service Providers

5

3.6 Please indicate the name of the natural person(s) that should be placed on Exhibit B to the license.

3.7 Please indicate the position occupied by this (these) person(s) within the organization of the applicant.

3.8 A request for the placement of a natural person on Exhibit B should be accompanied by a completed personal questionnaire and a copy of his/her curriculum vitae and passport. Please check the boxes in the next column.

- ☐ Personal Questionnaire
- ☐ Curriculum Vitae
- ☐ Passport

4. SHAREHOLDERS

4.1 Please indicate the complete names of the shareholders of the Trust Service Provider, their percentage of ownership, and their respective addresses. Please specify, if any, the existing relationships between the shareholders (enclose copy of the shareholders' register). Please indicate which shareholders, if any, hold preferred or priority shares.

4.2 Please provide the name(s) and address(es) of all other subsidiaries and affiliates of the principal shareholders mentioned under 4.1.

5. LEGAL ADVISERS

5.1 Please provide the names and addresses of the Trust Service Provider's local and foreign legal advisers, if any.

5.2 Please provide the name of the contact person(s) of the legal advisers mentioned under 5.1.

6. EXTERNAL AUDITORS (ENGAGED SINCE/...../..... (MM/DD/YY))

6.1 Please provide the following information for the external auditors:

Name

Address

P.O. Box (if available)

Telephone number

Telefax number

E-mail (if available)

6.2 Please provide the name of the engagement partner and engagement manager of the audit firm.

APPLICATION FORM
For Trust Service Providers

7

III. SPECIFIC INFORMATION

6. Please provide the amount of the authorized capital and the issued and paid-in capital of the Trust Service Provider.

7. Please provide the date of association.

8. Please provide the date of the (last amendments to the) articles of association.

The undersigned [the director(s) of the Trust Service Provider] declare that the information provided in this application form, including the annexes, is true, accurate, and complete.

Name:

Signature:

Title:

Name:

Signature:

Title:

Date:



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name Trust Service Provider :
.....

Annex 1 Extracts of Chamber of Commerce

- ☐ Extract of Chamber of Commerce of the Trust Service Provider
(Extract to be attached to annex 1)

Date of Extract
.....

- ☐ **If Applicable**, Extract of Chamber of Commerce of the directors of the Trust Service Providers
that are legal persons
(Extract to be attached to annex 1)

Date of Extract
.....

- ☐ **If Applicable**, Extract of Chamber of Commerce of the legal persons mentioned under section 3.1
of the application form.
(Extract to be attached to annex 1)

Date of Extract
.....

- ☐ If the applicant cannot submit one of the (applicable) aforementioned extracts,
the reason must be stated.
.....

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

.....

Annex 2 Personal Questionnaires for officials to be approved by the Bank (including persons mentioned under section 3 of the application form)

Please specify the names of the persons for whom a personal questionnaire is submitted.

1. Name

.....

Function

2. Name

.....

Function

3. Name

.....

Function

4. Name

.....

Function

Note: The Personal Questionnaires should be duly notarized

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

.....

Annex 3 Articles of Association (including legal persons mentioned under section 3.1 of the application form)

Please provide a copy of the notarized Articles of Association and amendments thereto.

Date of Articles of Association

.....

Date of amendments

.....

.....

If a director of the Trust Service Provider is a legal person, please provide a copy of the notarized articles of association and amendments thereto.

.....

Date of Articles of Association of legal person

.....

Date of Amendments

.....

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider :

.....

Annex 4 Audited annual accounts of the last three years or the draft (unaudited) financial figures of the applicant, if no audited annual accounts are available.

Please mark which documents are submitted ☐ Audited annual accounts of the Trust Service Provider of the last three years

☐ Draft (unaudited) financial figures

In the event that one of the above-mentioned documents cannot be submitted, the reason must be stated.

.....

.....

.....

.....

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

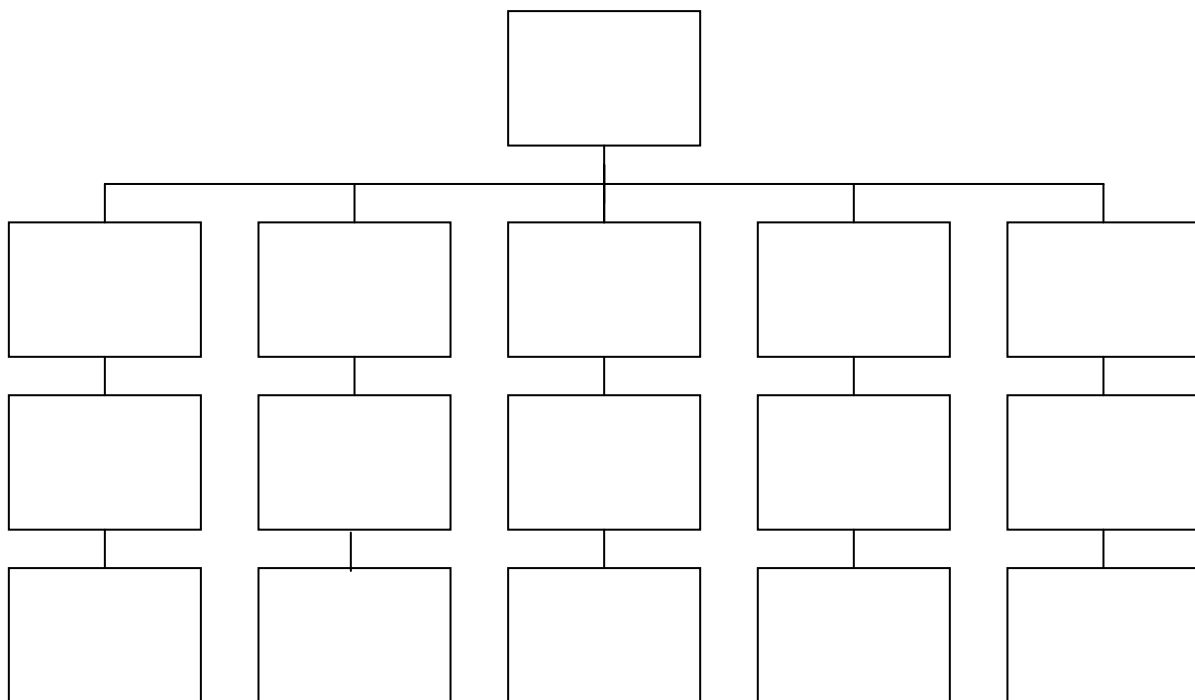
**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

Annex 5 Internal* and Group holdings structure

Please provide the names and percentages of shareholding of all companies in the group.
(A separate chart may be attached to annex 5).



Which of the above companies are considered subsidiaries? 1.
2.
3.
4.

Signatures:

* Provide a copy of organizational chart



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

.....

Annex 6 Business plan for newly established Trust Service Provider as well as administrative organization and internal controls procedures manual (for already operating and newly established trust office providers)

- ☐ For newly established Trust Service Providers, a business plan including projections of the balance sheet and income statement for the first three years of operations.

.....

- ☐ Administrative organization and internal controls procedures manual.

.....

See attached guidelines on pages 14 and 15 for the preparation of the above-mentioned documents.

Signatures:

.....



**APPLICATION FORM
For Trust Service Providers**

**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

.....

General guidelines for business plan for newly established Trust Service Providers as well as the administrative organization and internal controls procedures manual for both newly established Trust Service Providers and already operating Trust Service Providers

The business plan and the administrative organization and internal controls procedures manual should contain at least the following: (Check the box next to the item if the item has been included in the plan or the manual).

A. Business Plan

Please indicate/provide in the business plan:

1. ☐ Activities the Trust Service Provider is planning to undertake. Distinguish between primary activities and secondary activities. (page)
2. ☐ Funding for the activities. Distinguish between own funding and external financing. (page)
3. ☐ A description of the target clients to whom the Trust Service Provider will market its services as well as the size of the clients (page)
4. ☐ A projection of the balance sheet, income and expenses per category for the next three years. (page)
5. ☐ An indication of how the major risks of the Trust Service Provider will be controlled (e.g., legal risk, operational risk, fiduciary risk). Attention should be paid to procedures to recognize, manage, and control identified risks. (page)
6. ☐ The Trust Service Provider's main competition in each significant market and major segments of each market. (page)

B. Framework of the administrative organization and internal control environment

Please indicate/provide the following in the framework of the administrative organization and internal control environment:

1. ☐ All critical controls in the IT environment (including backup, security, retrieval, and contingency procedures). (page)

-
2. ☐ The segregation of duties between compliance, operations (providing of Trust Service), and internal audit. (page)
 3. ☐ The activities of the compliance function, particularly with respect to client acceptance procedures, money laundering and terrorist financing matters. (page)
 4. ☐ If applicable, the activities of the internal audit function, its strength in terms of available staff, training and experience, to whom the internal auditors report and the type and frequency of reports issued. (page)
 5. ☐ All relevant administrative procedures and measures of internal control in sensitive, significant, and critical areas of operation and areas susceptible to fraud and other misappropriations. (page.....)

Sensitive areas are those areas that need close monitoring because of the sensitive nature of the information that passes through that area. The information is considered sensitive due to privacy considerations with respect to clients, employees, and other financial institutions or because if it became known, it will likely have an adverse impact on the Trust Service Provider (e.g., mailing, payroll, clients' confidential information).

Significant areas are defined as those areas resulting in large volumes of transactions and/or large balances.

Critical areas are defined as those areas that represent the core of the business and/or represent major risks for the Trust Service Provider.

Areas susceptible to fraud and other misappropriations are areas that need to be closely controlled and supervised because of the involvement of large amounts of cash and cash equivalents pertaining to the Trust Service Provider or its clients. These items are usually with an account executive, in a vault or safe-deposit environment.

6. ☐ The involvement of third parties, such as external auditors and consultants (e.g. management, computer, tax, and payroll) with the Trust Service Provider and the nature of the work performed by these third parties. (page)

Notes to the business plan and framework of the administrative organization and internal control environment:

1. Please provide sufficient, but not necessarily detailed, information on each of the items mentioned above. The applicant should be aware that the Bank may require additional information as a consequence of the information already provided or confirmation by an external auditor or other expert of the representations made in connection with the above. The Bank may also need to verify the representations made 'on the spot' before issuing a license.
2. All the required information must be submitted to the Bank. If the requested information is not applicable, the applicant should explicitly state so and indicate why the requested information is not applicable and what compensating measures have been or will be taken to address the underlying risk(s) assumed in requesting that information.
3. To avoid any delay in processing the application, the applying Trust Service Provider is advised to review the completeness and accuracy of the information provided in annex 6 and the remainder of the application form. Incomplete and/or inaccurate information or information that does not accurately portray the state of events will delay the processing of the application.

Signatures:



APPLICATION FORM
For Trust Service Providers

BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department

Date:

Name of Trust Service Provider:

.....

Annex 7 Sample Agreements and Deeds

Please supply a sample (or samples, if more than one format is used) of a Management Agreement between the Trust Service Provider and its client, and if applicable, a sample (or samples, if more than one format is used) of a Principal Party Agreement between the Trust Service Provider and its client(s), as well as a sample of any other agreements that the Trust Service Provider may enter into with a third party, related to the trust services it provides.

☐ Management Agreement.

☐ Principal Party Agreement (between Trust Service Provider and Ultimate Beneficiary).

☐ Other Agreements, please specify:

.....

In the event that one of the applicable agreements cannot be submitted, the reason must be stated.

.....
.....
.....
.....
.....

Signatures:

.....



APPLICATION FORM
For Trust Service Providers

BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department

Date:

Name of Trust Service Provider :

.....

Annex 8 Proof of payment of nonrefundable application fee

Please submit a proof of payment to the Central Bank of the nonrefundable application fee.

Signatures:

.....



**BANK VAN DE NEDERLANDSE ANTILLEN
(CENTRAL BANK)
Investment Institutions and Trust
Supervision Department**

Date:

Name of Trust Service Provider:

Annex 9 Supplementary information

With explicit reference to the questions on the application form, please provide any additional information that could not be supplied on the application form or provide any additional comments you wish to make. Additional pages could be added by numbering these annexes: Page 2, 3, etc.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Signatures: