



Swiss Association  
of Trust Companies

# Membership Application Form

for the

Swiss Association of Trust Companies

("SATC")

**Applicant:**

Name:

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Address:

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Website:

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Contact person:

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Telephone:

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Fax:

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E-mail:

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Date of Submission:

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**SATC**

Postfach 2521  
Baarerstrasse 75  
6302 Zug

Phone: +41 (0)41 727 05 25  
Fax: +41 (0)41 727 05 21  
[www.satc.ch](http://www.satc.ch)

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**Introduction:**

SATC membership is open to Swiss registered entities with operative offices in Switzerland providing for high quality trustee services. Detailed requirements (for example the number of staff and the number of Anglo-Saxon trusts administered/managed) are determined in the SATC Membership Regulations which may be obtained from the SATC Secretariat, P.O. Box 2521, Baarerstrasse 75, 6302 Zug.

**Please note that the SATC Committee will only consider applications which are fully completed with all the necessary attachments enclosed.** The Applicant may be contacted by the Secretariat or a Committee Member in order to obtain additional information. A decision will be taken by the SATC Committee as soon as possible after all information is obtained. The Applicant will be notified in writing. All information contained in this form will be kept strictly confidential by the SATC Committee and persons to whom they may delegate administrative tasks. In case of a negative decision, the application documentation will, in general, not be returned to the Applicant.

An **Application Fee of CHF 2'500.–** is due prior to consideration of the Application, payable to SATC as follows:

Bank: Credit Suisse, 8070 Zurich  
Sort Code/BIC: CRESCHZZ80A  
Name of account: Swiss Association of Trust Companies  
Account number: 0879-594550-31  
IBAN: CH35 0483 5059 4550 3100 0

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**Section 1: Details on Applicant<sup>1</sup>**

Please provide a brief summary of the services offered by the Applicant and the mission statement of the Applicant (or an extract thereof):

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Legal status of Applicant: \_\_\_\_\_

Since when has the Applicant been active in the trust business/providing for trustee services: \_\_\_\_\_

Please provide information on the shareholder(s) with an interest of 5% or more of the Applicant (not required for public listed companies) or attach the Applicant's shareholder list hereto:

Name	Address	Nationality	Percentage held
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup> In any case where materials are attached to the Application, **please indicate clearly which part of the materials form part of the Application and please number/cross-reference the attachments.**



**Section 2: Corporate Information on affiliates of the Applicant which are active in the Trust Business and for which the Applicant is providing management and/or administration services, but excluding any affiliates which were set up solely for particular related parties or transactions, such as private trust companies (hereinafter referred to as “Affiliate” or “Affiliates”).<sup>2</sup>**

Name of **Affiliate 1**<sup>3</sup>: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_  
Registered agent: \_\_\_\_\_

Board of directors of Affiliate 1 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of **Affiliate 2**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_  
Registered agent: \_\_\_\_\_

Board of directors of Affiliate 2 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>2</sup> Please attach further pages if there are more than four Affiliates.

<sup>3</sup> “Affiliate” of any person means (i) any person in which such person has a significant economic interest and (ii) any person that directly or indirectly controls, is controlled by or is under common control with such person. As used in this definition, the term “control” means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a person, whether through ownership of voting securities, by contract or otherwise.

Name of **Affiliate 3**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_  
Registered agent: \_\_\_\_\_

Board of directors of Affiliate 3 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of **Affiliate 4**: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Country of incorporation: \_\_\_\_\_  
Registered agent: \_\_\_\_\_

Board of directors of Affiliate 4 (or attach a Register of Directors):

Name	Address	Nationality	Date of birth/incorp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the Applicant has no Affiliates (as defined above), please explain how the Applicant operates to perform any trustee activities. In particular, please state who acts as trustee and/or co-trustee for trusts the Applicant administers/manages and how such trustee/co-trustee is related to the Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Cont.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following for each Affiliate of the Applicant:**

- Extract from the local commercial register or equivalent (notarised copy (or a colour scan thereof) not older than 12 months) OR
- Certificate of Incumbency (notarised and apostilled copy (or a colour scan thereof) not older than 12 months)

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**Section 3: Swiss SRO Membership/Supervision of the SFBC & Due Diligence**

Applicant's membership with a recognised Swiss SRO or direct supervision through the SFBC:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and fax number: \_\_\_\_\_  
Member/Supervision since: \_\_\_\_\_  
Membership/Reference number: \_\_\_\_\_

Has the Applicant ever been rejected as a member of an SRO/by the SFBC:  Yes  No

Please explain how your internal controls, in particular with regard to trust management and administration, function (e.g. who has signatory powers over trust assets, how are they exercised, are formal guidelines available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following copies:**

- For SRO members: copy of a letter of confirmation (or similar) of last SRO audit or copy of the relevant invoice
- For SRO members: copy of the latest SRO annual self-declaration
- For members under SFBC supervision: extract from the EBK website or similar proof of SFBC supervision (e.g. relevant invoice)
- For members under SFBC supervision: money-laundering relevant extract from audit report of the SFBC authorised auditor

**Section 4: Trust Licence<sup>4</sup>**

Does the Applicant or any of its Affiliates hold a licence to provide trustee services (hereinafter "Trust Licence"):

Yes       No

If yes, please provide the following details on the entities holding a Trust Licence (or, if more than three, those most frequently appointed as trustee/co-trustee):

Name of **licence holder (1)**: \_\_\_\_\_

Licensed in: \_\_\_\_\_

Trust Licence number: \_\_\_\_\_

Type of Trust Licence: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Name of **licence holder (2)**: \_\_\_\_\_

Licensed in: \_\_\_\_\_

Trust Licence number: \_\_\_\_\_

Type of Trust Licence: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Name of **licence holder (3)**: \_\_\_\_\_

Licensed in: \_\_\_\_\_

Trust Licence number: \_\_\_\_\_

Type of Trust Licence: \_\_\_\_\_

Please explain any restrictions: \_\_\_\_\_

Date licence was first issued: \_\_\_\_\_

Has the Applicant (or any of its Affiliates) ever been rejected as a licence holder:

No

Yes (please provide year and reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>4</sup> The term "licence" here includes authorisation or registration.

If neither the Applicant nor any of its Affiliates holds a Trust Licence, please explain the rationale for not holding any Trust Licence and explain how the Applicant performs trustee activities. Please state who acts as trustee for trusts and how such trustee is related to the Applicant or, if the Applicant uses co-trustees, please provide further details:

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**Please provide for the following copies:**

Copy of current trust licence(s)

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### Section 5: Qualifications of Directors and Management

Please note: For each individual Swiss resident, executive director, the compliance officer and the most senior manager of the Applicant's trust operations and of the Affiliate(s) in whose name(s) a trust licence was issued a **Personal Information Form** (attached) must be completed and signed.

Number of staff of the Applicant in total<sup>5</sup>: \_\_\_\_\_

Number of staff of the Applicant in full time equivalents: \_\_\_\_\_

Number of staff involved in the trust business (in % of total workload): \_\_\_\_\_ %

Please state the name, function, age and education of each (in case of a large number of staff, please give details on the more senior staff members) full time employee:

Name	Function	Education	STEP Member	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>5</sup> Where the Applicant does not directly employ staff, please explain in detail how staffing for the trust operation is organized.

Please state the name and address of the Applicant's Swiss social insurance office (e.g. SVA):

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### Section 6: Proof of Professional Activity of the Applicant

Please state the number of trusteeships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the number of co-trusteeships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the number of protectorships of the Applicant and any Affiliate: \_\_\_\_\_

Please state the type of trusts the Applicant is administering/managing:

- Family trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Testamentary Trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Private trust companies (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Non-charitable purpose trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Pension and employee trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Charitable trusts (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Trust Reg. (Percentage of Applicant's trust activity: \_\_\_\_\_ %)
- Other: please state: \_\_\_\_\_

**SUBTOTAL A:** \_\_\_\_\_ %

What business other than trusts is the Applicant active in:

- Company management, directorships (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Foundations (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Fiduciary (e.g. nominees) (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Legal advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Bookkeeping (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Tax advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Charities (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Investment Advice: (Percentage of Applicant's activity: \_\_\_\_\_ %)
- Other: please state: ( \_\_\_\_\_ %)
- Other: please state: ( \_\_\_\_\_ %)

**SUBTOTAL B:** \_\_\_\_\_ %

**SUBTOTAL A + B = 100 %**

What percentage of the Applicant's total annual revenue is derived from trustee services: \_\_\_\_\_ %

Please state the various jurisdictions governing the trusts:

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**Please provide the following:**

- Applicant's current brochure(s) OR
- Link to Applicant's website (in particular to the trust business):      www. \_\_\_\_\_

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**Section 7: Insurance Coverage**

Please state the name of the insurance company with which the Applicant has insurance to provide cover for liabilities arising from trustee operations (the name of the insurance broker is not sufficient):

Name of insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy number: \_\_\_\_\_

**Declaration:**

The Applicant hereby declares that it has insurance to provide cover for liabilities arising from its trustee operations and undertakes to remain appropriately insured in the future upon becoming a Member of SATC.

First Signatory

Second Signatory

Place and Date: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

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**Section 8: Auditors**

State the auditors of the Applicant and of its Affiliates:

Auditor of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Auditors since: \_\_\_\_\_

Previous auditors: \_\_\_\_\_

If there has been a change of auditor, please provide for the reason: \_\_\_\_\_

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Auditor of Affiliates: \_\_\_\_\_

Address: \_\_\_\_\_

Auditors since: \_\_\_\_\_

Previous auditors: \_\_\_\_\_

If there has been a change of auditor, please provide for the reason: \_\_\_\_\_

\_\_\_\_\_

**Please provide for the following copies:**

- Copy of the acceptance letter(s) of any auditor(s) (where the auditor is shown on the extract from the Swiss commercial register, no further information is needed)

\_\_\_\_\_

**Section 9: Data**

Information provided in, with and related to this Application is strictly confidential and will be treated as such by the organs and persons of the Association dealing with the Application. The information provided in the Application may be further used for statistical purposes and the Applicant hereby agrees to such use. The Association will take all appropriate measures to ensure that the specific identity of the Applicant and information related thereto retains its strictly confidential nature.

\_\_\_\_\_

**ADDITIONAL ATTACHMENTS TO BE PROVIDED**

In addition to the attachments requested in each section of the Application Form and for each Personal Identification Form please enclose the following additional attachments together with the Application:

- A reference letter for the Applicant from an existing member of SATC (not older than 3 months)
- One reference letter for the Applicant from an independent Swiss resident bank (not older than 3 months)
- Extract from the Swiss Debt Collection Register ("Betreibungsregisterauszug"/"Attestation de non poursuite de l'Office des Poursuites") (not older than 3 months)

The entity applies for membership of the Swiss Association of Corporate Trustees (SATC) and agrees to observe the Bylaws of the Association and any regulations issued, and to act, at all times, in accordance with the SATC Code of Ethics and Business Conduct. The Applicant confirms that all information provided in the Application is true to the best of its knowledge and belief.

	First Signatory	Second Signatory
Place and Date:	_____	_____
Signed:	_____	_____
Name:	_____	_____
Position:	_____	_____

**When completed kindly send the application form and all attachments to the SATC Secretariat, P.O. Box 2521, Baarerstrasse 75, 6302 Zug.**



## SATC Personal Information Form on Swiss resident Executive Directors

Name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Private address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Major academic qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant professional qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STEP membership number (if any): \_\_\_\_\_

Years of experience of trust business: \_\_\_\_\_

When were you appointed as Director of the Applicant? \_\_\_\_\_

Please describe your responsibilities and any activities you perform in your capacity as director of the Applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_

Signed by the Executive Director: \_\_\_\_\_

**Please provide for the following copies:**

- Copy of valid passport and copy of Swiss residence permit for non-Swiss citizen
- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 12 months)
- Curriculum Vitae

## SATC Personal Information Form on most Senior Manager of trust operations

Name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Private address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Major academic qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant professional qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STEP membership number (if any): \_\_\_\_\_

Years of experience of trust business: \_\_\_\_\_

When were you appointed as Senior Manager of the Applicant? \_\_\_\_\_

Please describe your responsibilities and any activities you perform in your capacity as director of the Applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Signed by the most Senior Manager of the Applicant: \_\_\_\_\_

**Please provide for the following copies:**

- Copy of valid passport and copy of Swiss residence permit for non-Swiss citizen
- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 12 months)
- Curriculum Vitae

## SATC Personal Information Form on Compliance Officer

Name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Private address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Major academic qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STEP membership number (if any): \_\_\_\_\_

Years of experience of trust business: \_\_\_\_\_

When were you appointed as Compliance Officer of the Applicant? \_\_\_\_\_

Please describe your responsibilities in your capacity as Compliance Officer of the Applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Signed by the Compliance Officer: \_\_\_\_\_

**Please provide for the following copies:**

- Copy of valid passport and copy of Swiss residence permit for non-Swiss citizen
- Personal reference letter from an independent, reputable professional person in Switzerland (not older than 12 months)
- Curriculum Vitae