



Swiss Association  
of Trust Companies

# Application Form for Guest Status

for the

Swiss Association of Trust Companies

("SATC")

**Guest Applicant:**

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

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

Website: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

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

Date of Submission: \_\_\_\_\_

**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 guest status is open to Swiss registered entities with operative offices in Switzerland providing for high quality trustee services who are most likely to be admitted as full SATC members within the next two years. For more details please contact the SATC Secretariat, P.O. Box 2521, Baarerstrasse 75, 6302 Zug or consult the SATC Membership Regulations which may be downloaded from the SATC website, [www.satc.ch](http://www.satc.ch).

**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. 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

In case a trust company with SATC guest status is granted full membership status at a later stage, the Application Fee for full membership is waived.

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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 10% 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.**



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.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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

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

- c Copy of the extract from the local commercial register or equivalent (not older than 12 months) OR
- c Copy of the Certificate of Incumbency (not older than 12 months)

**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: \_\_\_\_\_

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 members under SFBC supervision: extract from the EBK website or similar proof of SFBC supervision (e.g. relevant invoice)

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**Section 4: Trust Licence<sup>3</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 two, 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: \_\_\_\_\_

<sup>3</sup> The term "licence" here includes authorisation or registration.

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

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:

c No

c Yes (please provide year and reason):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide for the following copies:**

c Copy of current trust licence(s)

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**Section 5: Qualifications of Directors and Management**

Number of staff of the Applicant in total<sup>4</sup>:

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

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

<sup>4</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, function, age and education of each (in case of a large number of staff, please give details on the more senior staff members) employee:

Name	Function	Education	STEP Member	Age

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

\_\_\_\_\_

**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:

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

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

What business other than trusts is the Applicant active in:

- c Company management, directorships (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Foundations (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Fiduciary (e.g. nominees) (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Legal advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Bookkeeping (Percentage of Applicant's activity: \_\_\_\_\_ %)

- c Tax advice (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Charities (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Investment Advice: (Percentage of Applicant's activity: \_\_\_\_\_ %)
- c Other: please state: \_\_\_\_\_ ( \_\_\_\_\_ %)

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

**SUBTOTAL A + B = 100 %**

**Please provide the following:**

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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

**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.

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**ADDITIONAL ATTACHMENTS TO BE PROVIDED**

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

- c A reference letter for the Applicant from an existing member of SATC or a reputable Swiss law firm or bank
- c CV of the Applicant's Managing Director
- c CV of the Applicant's Compliance Officer

The entity applies for guest status 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.**