

## FORM 5



**REPUBLIC OF NAURU**  
**BUSINESS LICENCES ACT 2017**  
**Business Licences Regulations 2018**

**APPLICATION FORM FOR BUSINESS LICENCE FOR A TRUST**

*[Section 8(1), Regulation 4(1)(e)]*

To The Registrar of Business Licences, Nauru

**1. Details of the Business:**

Date of registration of the Trust	
Registered or place of business	
Nature of Trust Corporation	
General nature of the business of the trust corporation	
Full address registered or principal place of business	
Any other place of business	
Date of commencement of the business	
Tax Identification Number issued by Nauru Revenue Office	
Email address	
Telephone number	
Note: If a foreign corporation in addition to the information to be filled above, fill the following particulars	
Permanent address of the foreign trust in the country of registration	
Tax Identification or Identification Numbers of the foreign trust	

**2. Other businesses of the Trust:**

Business name of other business owned by the Trust	
Address of the other business	
Date of commencement of the other business	
Telephone number	
Tax Identification Number	

**3. Details of settlor**

Provide the following details for each of the settlor who is an individual:

*(Please provide passport size photo as identification of the secretary)*

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	
Tax identification Number	

**4. Details of trustees who are individuals**

Provide the following details for each of the trustees who are individuals:

Trustee 1

*(Please provide passport size photo as identification of the secretary)*

Full name	
Nationality	
Date of Birth	

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Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	
Tax identification Number	

Trustee 2

*(Please provide passport size photo as identification of the secretary)*

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	
Tax Identification Number	

Trustee 3

*(Please provide passport size photo as identification of the secretary)*

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	
Date appointed	
Tax Identification Number	

**5. Details of corporate trustee**

If a trustee is a corporate entity, provide the following details:

Full legal name	
Jurisdiction of incorporation	
Date of incorporation	
Business address	
Email address	
Telephone number	
Date appointed	
Tax Identification Number	

**6. Details of beneficiaries**

Provide the following details for each beneficiary who is known or ascertainable:

Beneficiary 1

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

Beneficiary 2

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

Beneficiary 3

Full name	
Nationality	
Date of Birth	
Gender	
Residential or business address	
Email address	
Telephone number	

**7. Documents**

Attach a copy of the following documents to this form:

- (a) trust registration certificate under the *Trusts Act 2018*;
- (b) Tax Identification Number issued by Nauru Revenue Office; and
- (c) birth certificate, drivers licence or bio page of passport.

Foreign trust attach in addition to the documents above provide the following documents to this form:

- (a) tax registration or identification numbers in the foreign country;
- (b) Tax Identification Number issued by Nauru Revenue Office; and
- (c) birth certificate, drivers licence or bio page of passport.

**8. Declaration**

I/We the applicant of the licence .....(*state name*) of .....(*address*), .....(*occupation*), do solemnly and sincerely declare that (*set out matter declared using numbered paragraphs if it is lengthy*):

And I/We make this solemn declaration by virtue of the *Oaths, Affirmations and Statutory Declarations Act 1976* conscientiously believing in the statement contained therein to be true in every particular.

Name (Trustee):.....Signature:.....

Date:.....

Name (Trustee):.....Signature:.....

Date:.....

Declared at.....this.....day of .....20.....

Before me:

(Signature)

(Title)

**NOTE: A person making a false statement is guilty of an offence and liable to imprisonment for 5 years.**