FORM 1

REPUBLIC OF NAURU

TRUSTS ACT 2018

[Section 13; Regulation 3]

APPLICATION FOR REGISTRATION OF A REGISTRABLE TRUST

Registrar of Trusts
Department of Justice and Border Control
Government Offices, Yaren District
Republic of Nauru

Notes for completing this form:

1 *If there is not sufficient space in the form or not enough boxes, use an additional page and attach it to the form.*

2 *If the details to be provided relate to a corporate entity and there is no separate box, for "Full name" state the full legal name of the entity and for "Nationality" state the jurisdiction of incorporation.*

1. Details of trust

Provide the following details for the trust:

Name of trust	
Contact address	
Email address	
Telephone number	
Date created	
Tax identification number	

2. Details of settlor

Provide the following details for the settlor:*

Full name	
Nationality	

Residential or business address	
Email address	
Telephone number	
Tax Identification Number (if any)	

* If the settlor is deceased, provide the full name and nationality only.

3. Details of trustees who are individuals

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

Trustee 1

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

Trustee 2

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

Trustee 3

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

4. 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	

5. Details of protector of a trust who is an individual (if any)

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	
Date appointed	
Tax Identification Number (if any)	

6. Details of a corporate protector (if any)

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

7. Details of beneficiaries (trust that is not a purpose or charitable trust)

If the trust is not a purpose or charitable trust, provide the following details for each beneficiary who is known or ascertainable:

Beneficiary 1

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	
Tax Identification Number	

Beneficiary 2

Full name	
Nationality	

Residential or business address	
Email address	
Telephone number	
Tax Identification Number	

Beneficiary 3

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	
Tax Identification Number	

If beneficiary is a minor, provide the following details:

Full name	
Nationality	
Residential address	
Age and date of birth	
Date when minor attains age of majority	
Full names of minor's parents/legal guardian	
Telephone number of minor's parents/legal guardian	
Email addresses of minor's parents/legal guardian	

8. Details of purpose and recipients of distributions (purpose or charitable trust only)

If the trust is a purpose or charitable trust, state the purpose of the trust and provide the following details for each person who has received a distribution from the trust:

Purpose

Recipient 1

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	
Tax Identification Number (if any)	

(Signature)

(Title)

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

*If the person filing this form is not the settlor or a trustee of the trust, you shall provide the following details for that person:

Full name	
Nationality	
Residential or business address	
Email address	
Telephone number	
Tax identification number (if any)	