

Form T (Declaration for trusts)

Our reference Viseca: _____

Affiliated partner

Company _____ Street/no. _____
 _____ Postal code/city _____
 _____ Country _____

The undersigned hereby declare(s) that as a trustee or a member of the highest supervisory body of an underlying company of a trust known as:

_____ and, in such capacity, provide(s) to the best of his/her/their knowledge the following information to the bank/credit card issuer:

Information pertaining to the trust (tick the two boxes applicable):

Type of trust and revocability

☐ Discretionary Trust or ☐ Non-discretionary Trust

☐ Revocable Trust or ☐ Irrevocable Trust

Information pertaining to the (ultimate economic, not fiduciary) settlor of the trust (individual(s) or entity/-ies):

(First name(s) / last name(s) / date of birth / nationality / home address / if deceased, date of death)

In case of a revocable trust: does the settlor have the right to revoke the trust?

☐ Yes ☐ No

If the trust results from a restructuring of a pre-existing trust (re-settlement) or a merger of pre-existing trusts, the following information pertaining to the (actual) settlor of the pre-existing trust(s) has to be given (first name(s) / last name(s) / date of birth / nationality / home address / if deceased, date of death):

Information pertaining to the beneficiary/-ies at the time of the signing of this form:

(First name(s) / last name(s) / date of birth / nationality / home address)

Has/Have the beneficiary/-ies an actual right to claim a distribution?

☐ Yes ☐ No

And in addition to certain beneficiaries or if no beneficiary/-ies has/have been determined, pertaining to (a) group(s) of beneficiaries (e.g. descendants of the settlor) known at the time of the signing of this form:

Information pertaining to the protector(s) as well as (a) further person(s) having a right to revoke the trust (in case of revocable trusts) or to appoint the trustee of a trust:

Information pertaining to the protector(s) (first name(s) / last name(s) / date of birth / nationality / home address):

In case of a revocable trust: does the protector have the right to revoke the trust? ☐ Yes ☐ No

Information pertaining to (a) further person(s) (first name(s) / last name(s) / date of birth / nationality / home address):

In case of a revocable trust: Has/have this/these further person(s) the right to revoke the trust? ☐ Yes ☐ No

The company undertakes to disclose any changes with regard to the bank/credit card issuer on its own initiative. It is a criminal offence to deliberately provide false information on this form (Art. 251 of the Swiss Penal Code, forgery of documents; punishable by a prison sentence of up to five years or a fine).

Place/date:

Place/date:

Legally valid signature/s of contractual party

(joint signature, if required)

Legally valid signature/s of contractual party

(joint signature, if required)

First name/last name in block capitals

First name/last name in block capitals

Please send the completed and signed form to:
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.