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**PERSONAL QUESTIONNAIRE OF A CASP BENEFICIARY**

**TRUST**

**Name: «…..……………………………..»**

**Capacity: «…..……………………………..»**

**Name of applicant: «…..……………………………..»**

**Purpose of this form**

This form should be completed individually by all trusts qualifying as CASP Beneficiaries, under the Prevention and Suppression of Money Laundering and Terrorists Financing Law (the “AML/CFT Law”).

GENERAL INSTRUCTIONS:

1. This questionnaire should be completed individually by all trusts who persons that qualify as CASP beneficiaries under the AML/CFT Law and shall accompany the application form (Form 188-01).
2. This questionnaire must be completed in electronic form.
3. The questions should remain unaltered and the answers must be provided below each question or in the designated section.
4. All questions applicable to the case of the applicant should be duly completed, or, if they are not applicable state “N/A”. Incomplete applications will be returned.
5. This questionnaire should be accompanied by the documents stated in Part C.
6. Where there are no competent authorities for the issue of certificates, attach equivalent documents from an independent and reliable source.
7. When completing the questionnaire, information which is publicly available or has previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
8. Where applicants are required to “confirm”, a tick (**✓**) or an (x) placed in the relevant box will be considered as confirmation.
9. If insufficient space has been provided for a reply, please provide that information on a separate sheet/document and refer to it in the space provided for the answer. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant organisation and reference the appropriate question.
10. The Commission reserves the right to request additional information during the assessment process.
11. Terms not otherwise defined shall have the meaning ascribed to them in the AML/CFT Law and/or in the CySEC Directive for the Prevention and Suppression of Money Laundering and Terrorist Financing (Register of Crypto Asset Services Providers) of 2021 (the “CASP Registration Directive” or the “Directive”) and/or in Policy Statement on the Registration and Operations of Crypto Asset Services providers (“PS-01-2021”).
12. **GENERAL INFORMATION OF THE TRUST**

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| 1. **State below the name of the trust.**
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| 1. **List below all the trustees who manage assets under the terms of the trust document.**
 |
| **No.** | **Name of trustee** |
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| **For all trustees provide the following:*** **For any natural persons the Personal Questionnaire of Form 188-02.**
* **For any legal persons the Personal Questionnaire of Form 188-03.**
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|  |
| 1. **List below the beneficiaries of the trust assets.**
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| **No.** | **Name of beneficial owner** | **Date of birth** | **Respective shares in the distribution of income** | **For any beneficiary who is a minor, state the rationale for their role as beneficiary of the trust** |
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| **For all beneficiaries, except those who are minors, provide the following:*** **For any natural persons the Personal Questionnaire of Form 188-02.**
* **For any legal persons the Personal Questionnaire of Form 188-03.**
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| 1. **List below all the settlors who manage assets under the terms of the trust document.**
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| **No.** | **Name of settlor** |
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| **For all settlors provide the following:*** **For any natural persons the Personal Questionnaire of Form 188-02.**
* **For any legal persons the Personal Questionnaire of Form 188-03.**
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| 1. **Please state below the reasons for a trust structure in the applicant’s shareholding.**
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1. **CONFIRMATION STATEMENT**

**I hereby responsibly declare and confirm, having full knowledge of the consequences of the Cyprus Securities and Exchange Commission Law (the “CySEC Law”), that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this questionnaire, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **I hereby confirm that I shall comply will the relevant requirements and obligations arising from the Law and any secondary legislation pursuant to it.**
3. **I will notify the Commission, in writing, immediately where, in the period between the submission of this questionnaire and the Commission’s decision, a change takes place in the information or and details and documents submitted with the questionnaire.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law.**

**By this statement and in full comprehension of its contents, I give my express consent for the processing of my personal data, sensitive and not, in accordance with relevant EU and National Legislation.**

**In accordance with section 41 of the CySEC Law, I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence.**

**Signature ......................................................**

**Full name ......................................................**

**Capacity ……………………………………………………**

**Date ......................................................**

1. **STATEMENT OF THE ACCOMPANYING DETAILS/DOCUMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details/Documents** | **Number of Appendix** | **Submitted (X)/Not applicable (N/A)** | **For official use only** |
| Trust deed/Instrument of trust | **1** |  |  |
| Personal Questionnaire(s) for the trustees of the trust (Form 188-02 and/or Form 188-03)  | **2** |  |  |
| Personal Questionnaire(s) for the beneficiaries of the trust. (Form 188-02 and/or Form 188-03) | **3** |  |  |
| Personal Questionnaire for the settlors of the trust (Form 188-02 and/or Form 188-03) | **4** |  |  |
| Certified copy of a passport or birth certificate of any beneficiaries who are minors. | **5** |  |  |