

**Trust Services Department**

**Application Form for Labuan Trust**

|   |   |                          |                              |
|---|---|--------------------------|------------------------------|
| <b>Proposed Labuan Trust</b>            |   |                          |                              |
| <b>Type of Trust</b><br>(please tick ✓) | <b>Trust</b>                            | <input type="checkbox"/> | <b>Hibah</b>                 |
|   |   | <input type="checkbox"/> | <b>Gift</b>                  |
|   | <b>Will &amp; Estate Administration</b> | <input type="checkbox"/> | <b>Will Writing</b>          |
|   |   | <input type="checkbox"/> | <b>Estate Administration</b> |
|   |   | <input type="checkbox"/> | <b>Faraid Advisory</b>       |

|  |                                     |  |
|--|-------------------------------------|--|
| <b>Details of Donor</b><br>(please see Note 1) | Full Name<br>(as per NRIC/Passport) |  |
|  | Correspondence Address              |  |
|  | Occupation                          |  |
|  | NRIC/Passport No.                   |  |
|  | Telephone No.                       |  |
|  | Mobile No.                          |  |
|  | Fax No.                             |  |
|  | E-mail Address                      |  |
|  | Name of Spouse                      |  |
|  | NRIC/Passport No.                   |  |
| <b>Details of Donee</b><br>(please see Note 1) | Full Name<br>(as per NRIC/Passport) |  |
|  | Correspondence Address              |  |
|  | Occupation                          |  |
|  | NRIC/Passport No.                   |  |
|  | Telephone No.                       |  |
|  | Mobile No.                          |  |
|  | Fax No.                             |  |
|  | E-mail Address                      |  |
|  | Name of Spouse                      |  |
|  | NRIC/Passport No.                   |  |

**Trust Services Department**

**Application Form for Labuan Trust  
(continued)**

|  |  |  |
|--|--|--|
| <b>Contact Person In Case of Death</b> | Full Name<br><small>(as per NRIC/Passport)</small> |  |
|  | NRIC/Passport No.                                  |  |
|  | Nationality  |  |
|  | Relationship to Donor                              |  |
|  | Correspondence Address                             |  |
|  | Telephone No.                                      |  |
|  | Mobile No.   |  |
|  | Fax No.  |  |
| E-mail Address                         |  |  |

\_\_\_\_\_  
(Authorised Signatory/ies)

\_\_\_\_\_  
(Date)

Note 1

- Please provide the following supporting documents:
  - ✓ CTC of NRIC/Passport
  - ✓ Utility Bill (as proof of residence)

Note 2

- Please provide the following supporting documents:
  - ✓ CTC of NRIC/Passport
  - ✓ Utility Bill (as proof of residence)
- Kindly use separate sheet of paper if there is more than 1 Donee