

The OFT has created this sample as guidance to assist REAs with their AML/CFT obligations under the Proceeds of Crime Act 2015. The use of this form may not guarantee compliance by your business with these obligations. Your business should therefore assess its specific money laundering & terrorist financing risks and create bespoke forms to carry out appropriate Customer Due Diligence measures.

FORM REA 2C CUSTOMER DUE DILIGENCE: TRUSTS

A form REA 2C should be completed in conjunction with form REA 1 to identify whether the ownership or control of:

1. the Customer; and/or
 2. the Other Party to the transaction,
- is held through a trust arrangement.

One form should be completed for each trust.

You should also complete:

1. a form REA 2A to adequately identify the settlor, the protector and every beneficiary identified on this form; and
2. forms REA 2B and REA 2D to identify any companies and/or other entities who form part of the ownership or control structure of the Customer or Other Party.

Trust details

Trust name:	
Relationship to the Customer or Other Party :	<input type="checkbox"/> Trustee of the trust owns the Customer <input type="checkbox"/> Trustee of the trust owns the Other Party <input type="checkbox"/> Other (please specify) _____
Trust's jurisdiction: Under the laws of which jurisdiction is the trust arrangement created?	
Trust creation document:	<input type="checkbox"/> Trust Deed <input type="checkbox"/> Declaration of trust <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Copy attached
Settlor:	Name: _____ Address: _____
Trustees:	1. Name: _____ Address: _____ 2. Name: _____ Address: _____
Protector:	Name: _____ Address: _____
Beneficiaries:	1. Name: _____ Address: _____

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	2. Name: _____
	Address: _____
	3. Name: _____
	Address: _____
	4. Name: _____
	Address: _____

You should complete a form REA 2A to adequately identify the settlor, the protector and every beneficiary identified on this form.

Checklist for person carrying out Customer Due Diligence

Please check the boxes below accordingly:

- Has the form been fully completed?
- Are you confident you understand who the person(s) who ultimately benefits from the trust arrangement is?
- Are copies of the relevant documents (e.g. trust creation document) attached to this form?

Signature: _____

Employee name: _____

Date: _____

