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| TRUST COMPANIES ACT 2005  TRUST COMPANIES (EXEMPTION) REGULATIONS 2005 | FORM  8 |
| **NOTICE OF COMMENCEMENT OF TRUST BUSINESS OF PERSON EXEMPTED FROM HOLDING A TRUST BUSINESS LICENCE UNDER SECTION 15(1)(a), 15(1)(b), OR REGULATION 4(1)(b)(iv)**   |  |  | | --- | --- | | **Name of exempt person** | Click here to enter text. | | **Company/ Business Registration Number** | Click here to enter text. | | |
| Explanatory Notes | |
| 1. For the purposes of this Form –   “exempt person” refers to a person exempt from holding a trust business licence under section 15(1)(a) or 15(1)(b) of the Trust Companies Act (“the “Act”) or regulation 4(1)(b)(iv) of the Trust Companies (Exemption) Regulations 2005 (the “Regulations”).   1. All terms used in this Form shall, except where expressly defined in this Form or where the context otherwise requires, have the same meanings as defined in the Act or the Regulations. 2. All questions must be answered and all fields must be filled. If a question or field is not applicable, please check the “N.A.” box or mark “N.A.” in the space provided. 3. Please use the “+” function in the tables to add rows where relevant; the “+” function can be viewed by clicking on a row in a table to be filled. 4. If more space is needed to provide responses to the questions in this Form, the exempt person should submit an attachment with the additional responses, and label clearly the relevant question each additional response is for. 5. This Form should be submitted, together with all supporting documents and/or attachments, via <https://go.gov.sg/noticeofcommencementofbusiness-form8> in machine-readable format (e.g. MS Word). Please ensure that the information provided in the Form is complete and accurate. | |

SECTION I: NATURE OF NOTIFICATION

* 1. Indicate whether this notification is in relation to commencement of business as an:

exempt person under section 15(1)(a) or 15(1)(b) of the Act ; or

exempt person under regulation 4(1)(b)(iv) of the Regulations.

SECTION II: CONTACT PERSON

* 1. Provide the details of the contact person for the exempt person. Where the exempt person is a corporation, this contact person must be an executive director of the exempt person and be resident in Singapore. The Authority will contact this person for all matters relating to the exempt person.

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| **Name of contact person** | Click here to enter text. |
| **Designation** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
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SECTION III: PARTICULARS OF THE EXEMPT PERSON

* 1. Provide the following information

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| **Name of exempt person** | Click or tap here to enter text. |
| **Date of incorporation/ registration (DD/MM/YYYY)** | Click or tap to enter a date. |
| **Place of incorporation/ registration** | Click or tap here to enter text. |
| **Financial year end** | Choose an item. |
| **Former name(s) (if any)** | Click or tap here to enter text. |
| **Company / Business registration number[[1]](#footnote-2)** | Click or tap here to enter text. |
| **Address of principal place of business** | Block/Street no: Click or tap here to enter text.  Street name: Click or tap here to enter text.  Unit: Click or tap here to enter text.  Building name: Click or tap here to enter text.  Postal code: Click or tap here to enter text.  Country: Click or tap here to enter text. |
| **Address of registered office** | Block/Street no: Click or tap here to enter text.  Street name: Click or tap here to enter text.  Unit: Click or tap here to enter text.  Building name: Click or tap here to enter text.  Postal code: Click or tap here to enter text.  Country: Click or tap here to enter text. |
| **Contact number** | Click or tap here to enter text. |
| **E-mail address** | Click or tap here to enter text. |
| **Principal business[[2]](#footnote-3)** | Click or tap here to enter text. |
| **Country of origin (of ultimate parent entity)** | Click or tap here to enter text. |
| **Date of commencement of business (DD/MM/YYYY)** | Click or tap here to enter text. |

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| **Country of origin of ultimate parent company:**  If the exempt person is incorporated in Singapore and owned directly by individuals, select “Singapore”.  If the exempt person is owned by one or more immediate or intermediate companies, and:   1. Where there is an ultimate parent company, select the country of incorporation of the ultimate parent company. 2. Where there is more than one ultimate parent company, select the country of incorporation of the ultimate parent company with the largest effective shareholding. If there is no majority shareholder, select a country that is deemed to be representative of the exempt person's origin. |

* 1. Select the type of trust business services carried out or intended to be carried out by the exempt person:

Creation of trusts

Acting as trustee to trusts

Arranging for persons to act as trustees to trust

Providing trust administration services to trust

Providing trust administration services (procedural and non-discretionary) to trusts

SECTION IV: DECLARATION

**The Declaration must be signed by a director or secretary of the corporation, a partner or the sole proprietor, as the case may be. Electronic signatures may be provided in lieu of physical signatures.**

As a director, secretary, partner or sole proprietor of

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| (Name of exempt person) Click here to enter text. | | |
|  | Yes | No |
| I certify that the exempt person is operating a business that falls within the exemption under section 15(1)(a) or 15(1)(b) of the Act or regulation 4(1)(b)(iv) of the Regulations |  |  |

I declare that I am fully aware that sections 62(1), (3) and (4) of the Trust Companies Act (Cap. 336) provide as follows:

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| “ANY PERSON WHO FURNISHES THE AUTHORITY WITH ANY INFORMATION UNDER THIS ACT SHALL USE DUE CARE TO ENSURE THAT THE INFORMATION IS NOT FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.  ANY PERSON WHO SIGNS ANY DOCUMENT LODGED WITH THE AUTHORITY SHALL USE DUE CARE TO ENSURE THAT THE DOCUMENT IS NOT FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.  ANY PERSON WHO CONTRAVENES SUBSECTION (1) OR (3) SHALL BE GUILTY OF AN OFFENCE AND SHALL BE LIABLE ON CONVICTION TO A FINE NOT EXCEEDING $25,000 OR TO IMPRISONMENT FOR A TERM NOT EXCEEDING 2 YEARS OR TO BOTH”. |

I declare that all information given in this Form and in the attached annexes (if any) is true and correct.

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| Signature: |  |
| Designation: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |
|  | (DD/MM/YYYY) |

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1. Please state the type of identification number being provided and if applicable, provide the unique entity number as per ACRA record. [↑](#footnote-ref-2)
2. Please indicate whether the exempt person is a bank, merchant bank, law firm, law corporation, limited liability law partnership, formal law alliance or joint law venture. [↑](#footnote-ref-3)