

FORM TCA06

TRUSTEE COMPANIES ACT 2017 (“TCA”)

TO BE PROVIDED TO SIFA

Dated:

APPLICATION BY A TCSP (“Applicant”) FOR RENEWAL OF A TRUST LICENCE
(see Sections 25 TCA):

1. Name and registered number of the Applicant:

2. Registered office address of the Applicant in Samoa or the principal office of the Applicant in Samoa:

3. The full names and respective addresses of all key persons at the time of renewal of licence:

4. The TCSP is trustee of _____ trusts at the renewal date of the licence.

5. Confirmation that the total fee of _____ has been paid or is provided with this application to SIFA.

I, the undersigned, being a director of the Applicant, hereby certify on behalf of the Applicant that there are no changes with regard to the Applicant or its affairs which should have been and have not been notified to SIFA and that all registered particulars of the Applicant are correct.

SIGNED for and on behalf of the Applicant by a director of the Applicant:

Print full name: