



**S.I. 2019 No. 80**

Trusts (Miscellaneous Provisions) Act, 2018

(Act 2018–49)

**TRUSTS (MISCELLANEOUS PROVISIONS) ORDER, 2019**

The Minister, in exercise of the powers conferred on him by section 31 of the *Trusts (Miscellaneous Provisions) Act, 2018*, makes the following Order:

1. This Order may be cited as the *Trusts (Miscellaneous Provisions) Order, 2019*.
2. For the purposes of section 12(2) of the Act, the trustee shall pay to the Director a fee of \$1,100.
3. The Forms set out in the *Schedule* shall be used for the purposes of section 12(2) of the Act.

**SCHEDULE**

*(Paragraph 2)*



*Trusts (Miscellaneous Provisions) Act, 2018*  
(Act 2018-49)

(Section 12(2))

**FORM 1**

**INFORMATION TO BE FILED BY TRUSTEE**

1. Name of the trust: \_\_\_\_\_  
\_\_\_\_\_
  
2. Contact details of trustee(s): \_\_\_\_\_  
Name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

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*Schedule - (Cont'd)*

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

3. Contact details of the settlor(s):

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

*Schedule - (Cont'd)*

4. Details of the purposes of the trust: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Contact details of the protector(s) of the trust (if any):

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

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*Schedule - (Cont'd)*

**DECLARATION**

I, \_\_\_\_\_  
*Full Name*

of \_\_\_\_\_  
*Address*

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do hereby declare as follows:

- a. that I am authorised to make this application under the *Trusts (Miscellaneous Provisions) Act, 2018 (Act 2018-49)* and that having made all reasonable enquiries, the information supplied to the Ministry in connection with this application is, to the best of my knowledge and belief, accurate in all material respects and does not omit any information which might reasonably be considered relevant to the application;
- b. that the applicant will notify the Ministry of any material change in information supplied in the application or any other matter which occurs during the period in which the application for authorization is being considered and that thereafter it will comply with its obligations as regards notification of changes.

The applicant authorises the Ministry to make such enquiries as it may consider necessary in connection with this application.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Declarant*

*Schedule - (Cont'd)*

|  |
|--|
| FOR OFFICIAL USE ONLY                          |
| IBD Ref. _____                                 |
| Date Received: _____<br><i>Date/Month/Year</i> |

TRUSTS (MISCELLANEOUS PROVISIONS) ACT

**FORM 1**

**INSTRUCTIONS**

Notes on Completion

1. In completing this form, some of the questions may be inapplicable. In such a case "N/A" may be stated in the appropriate place along with the reason that the question is inapplicable. Where information requested is inappropriate, please give reasons for inappropriateness.
2. Do not leave any blank spaces.
3. If insufficient space has been provided for a reply at any point, please provide the information on a SEPARATE SHEET, and refer to it in the space provided for your response. Please ensure that any sheets are clearly marked with the name of your organisation and referenced to the question.
4. If any further information or clarification is required, it will be requested during the processing of the application.
5. Please use black ink and BLOCK CAPITALS or TYPESCRIPIT for all answers.

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*Schedule - (Concl'd)*



**FORM 2**

*Trusts (Miscellaneous Provisions) Act, 2018*  
(Act 2018-49)

**CERTIFICATE OF REGISTRATION**

**No: TMP**

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*Name of Trust*

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I hereby certify that the above-named Trust is registered under the *Trusts (Miscellaneous Provisions) Act, 2018* (Act 2018-49) of the Laws of Barbados.

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*Director of International Business*

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*Date of Registration*

Made by the Minister this 12th day of November, 2019.

DWIGHT SUTHERLAND

Minister Responsible for International Business (Ag.)