



**Bwrdd Cyllid Esgobaeth Tyddewi**

Swyddfa'r Esgobaeth  
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**St Davids Diocesan Board of Finance**

Diocesan Office  
Abergwili, Carmarthen SA31 2JG

Ffôn / Tel: 01267 236145

Ysgrifennydd yr Esgobaeth **Mr Howard Llewellyn** Diocesan Secretary

## APPLICATION FORM for INCORPORATION of TRUST FUNDS

### APPLICANT:

#### Terms of the Trust:

**Amount to be Incorporated:**     £ \_\_\_\_\_

#### Reason for Incorporation:

#### Declaration and Authorisation. We confirm that:

- \* We have been provided with the Terms and Conditions of St Davids Diocesan Portfolio and we have received the Investment Policy Statement and by signing this application form we agree to be bound by them.
- \* We understand that it is important that we read the terms before agreeing to be bound by them.
- \* If there is any term or point we do not understand or do not wish to be bound by, we understand that we can request further information before signing this application.
- \* We understand that our signed application form (once accepted by St Davids Diocesan Board of Finance) together with the Terms and Conditions, form our agreement with St Davids Diocesan Board of Finance.
- \* We understand that if this application form is not complete in all respects incorporation of monies may be delayed or rejected.
- \* To the best of our knowledge and belief we declare that the information contained in this application form is correct.

### SIGNED:

Incumbent /Area Dean/Trustee: \_\_\_\_\_

Church Warden/Trustee: \_\_\_\_\_

Church Warden/Trustee: \_\_\_\_\_

Date: \_\_\_\_\_

**CHECK LIST:**

**Attached / Enclosed with this application form:**

Certified Copy of Minute:

Copy of Will or other trust documentation detailing any conditions:

<b>OFFICE USE ONLY</b>	<b>APPROVED</b>	<b>DATE OF MEETING</b>	<b>INCORPORATED UNITS</b>
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<b>OFFICE USE ONLY</b>	<b>TRUST NUMBER</b>	<b>NAME OF TRUST</b>
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