

TRUST APPLICATION - INTER VIVOS SOUTH AFRICA

Name of trust:

FOUNDER/DONOR'S DETAILS

Full names:

Surname:

ID number: (Copy of document to be provided)

Residential address:

..... (Submit proof of residence not older than 3 months)

Postal address:

.....

Tel (H): Tel (W):

Mobile: Email:

Income tax referce number: Occupation:

TRUSTEE (1)

Full names:

Surname:

ID number: (Copy of document to be provided)

Residential address:

..... (Submit proof of residence not older than 3 months)

Postal address:

.....

Tel (H): Tel (W):

Mobile: Email:

Income tax referce number: Occupation:

Experience in Trust Management:

Relationship to beneficiary:

TRUSTEE (2)

Full names:

Surname:

ID number: (Copy of document to be provided)

Residential address:

..... (Submit proof of residence not older than 3 months)

Postal address:

.....

Tel (H): Tel (W):

Mobile: Email:

Income tax referce number: Occupation:

Experience in Trust Management:

Relationship to beneficiary:

TRUSTEE (3)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
.....
Tel (H): Tel (W):
Mobile: Email:
Income tax referece number: Occupation:
Experience in Trust Management:
Relationship to beneficiary:

BENEFICIARY: SHORT DESCRIPTION OF CLASSES OF BENEFICIARIES

BENEFICIARY (1)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

BENEFICIARY (2)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

BENEFICIARY (3)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

BENEFICIARY (4)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

BENEFICIARY (5)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

BENEFICIARY (6)

Full names:
Surname:
ID number: (Copy of document to be provided)
Residential address:
..... (Submit proof of residence not older than 3 months)
Postal address:
Tel (H): Tel (W):
Mobile: Email:
Occupation: Relationship to founder:

INFORMATION REGARDING BANK ACCOUNT (TO BE OPENED)

Bank:
Branch:

INFORMATION REGARDING ACCOUNTING OFFICER

Name of firm:
Contact person:
Practice number:
Tel (H): Tel (W):
Mobile: Email:
Address:
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ADDITIONAL REMARKS/REQUIREMENTS/NOTES

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BY SIGNING THIS APPLICATION FORM THE PARTIES HERETO ACKNOWLEDGE, ACCEPT AND AGREE TO BE BOUND BY IT.

.....
Founder

.....
Full name

.....
Date