

## TRUST REGISTRATION & AMENDMENTS FORM (Inter-Vivos)

Application Form Selections:	ust Registration	Complete All Sections	Bond of Security Amend	Iments	Complete Sections 1.1, 1.3, 8, 9
Tru	ustee Amendments	Complete Sections 1.1, 1.3, 6,	9 General Trust Amendme	ents	Complete Sections 1.1, 1.2*, 1.3, 3*, 4*, 5*, 9
Auc	ditor Amendments	Complete Sections 1.1, 1.3, 7,	9 Trust Copies		Complete Sections 1.1, 1.3, 9
Oth	ner				
* If a	applicable * A separa	e application form must be subm	itted for each amendment type		
		SECTION 1: SUN	IMARY DETAILS		
1.1 TRUST NAME & FILE NUMBER					
Trust Name					
Trust File Number *					
1.2 TRUST GENERAL DETAILS					
Asset Location  Probable Trust Duration			Source of Funds Is Annual Audit Required?		nt Fund (RAF) Other
No. of Trustees (Persons)	(to be captured for	his application)	No. of Beneficiaries (RAF)	Class	Unknown No.
No. of Trustees (Organization)	(to be captured for	his application)	No. of Mentally Incapacitated/ I	Minor Beneficiaries (RA	F)
Minimum No. of Trustees Allowed	(on the trust)				
Maximum No. of Trustees Allowed	(on the trust)				
Is this a Court Order Application?	Yes No				
Case No.					
		FOR OFFICE	USE ONLY		
Received By:					
Signature:			Stamp:		

1.3 APPLICANT/AGENT	APPLICANT/AGENT DETAILS																																									
Organisation Details (If A	ganisation Details (If Applicant is an Organisation)																																									
Organisation Name																																										
Registration Number																																										
<b>Details of Contact Perso</b>	n/Org	ganis	atio	n Re	pre	sen	tativ	/e																																		
Surname																																						-	Title			
First Names																																										
Nationality																																										
ID No															/0	R								Pas	ssp	ort N	lo															
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Contact Details																																										
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E-mail																																										
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Province																	Cit	ty/To	own																		Pos	tal C	ode			
Physical Address																																										
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Address Line 1																																										
Address Line 2																																										
Province																	Cit	ty/To	own																		Pos	tal C	ode			
Applicant's other roles o	plicant's other roles on the Trust																																									
Is Applicant a Trustee?								Γ	Y	es	Γ		No							ls Ap	plic	cant t	the N	lain	Con	ntact	for	futu	ıre 1	rus	t cor	nmu	ınica	ation	?	Γ	一	Yes		司	No	
Is Applicant an Auditor/	Acco	untar																													Ė	_	Yes	, 		No						

SECTION 2: SUPPORTING DOCUMENTS (APPLICABLE FOR TRUST REGIST	RATION)			
Documents	Submi	tted	Number of Submit	ted Documents
Application Form (Mandatory)	Yes	No		
Original or Certified Trust Deed (Mandatory)	Yes	No		
Proof of Payment (Mandatory)	Yes	No		
Acceptance of Trusteeship (Mandatory)	Yes	No		
Trustee(s) Identification - Certified Copies of ID/Passport/Organisation Proof Of Registration (CK1) (Mandatory)	Yes	No		
Trustee(s) Representative Identification - Certified Copies of ID/Passport (Mandatory for Organisation Trustee(s))	Yes	No		
Beneficiaries Declaration Form (Mandatory for RAF)	Yes	No		
Beneficiaries Identification - Certified Copies of ID/Birth Certificate/Passport/Organisation (CK1) (Mandatory for RAF)	Yes	No		
Beneficiaries Guardian Identification - Certified Copies of ID/Passport (Mandatory for RAF)	Yes	No		
Bond of Security/Proof of Exemption (If Applicable/ Mandatory for RAF)	Yes	No		
Undertaking by an Auditor/Accountant (If Applicable/Mandatory for RAF)	Yes	No		
Final Certified Court Order (If Applicable)	Yes	No		
	Yes	No		

RAF - Road Accident Fund

														SEC	TIO	N 3:	MAI	N CC	)NT	ACT	DET/	AILS																	
Organisation Details (If A	ppli	cant	is ar	n Org	anis	atior	1)																																
Organisation Name																																							
Registration Number																																							
Details of Contact Person	n/Org	janis	atio	n Re <sub>l</sub>	pres	entat	tive																																
Surname																																				Title			
First Names																																							
Nationality																																							
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Address Line 1																																							
Address Line 2																																							
Province																	City	Tow	n															Pos	stal C	Code			
Main Contact's other cap	aciti	es oi	n the	Trus	st																																		
Is Main Contact a Trustee	?					Ye	s			No									ı	s Ap	plica	nt th	e Fo	ounc	ler?					Yes	<b>;</b>		No	•					
Is Main Contact an Audito	or of	this	Trus	st?		Ye	s			No																													
															SE	CTIC	ON 4:	BAI	NK <u>C</u>	ET/	AILS																		
Bank Name							Bran	ch N	ame									В	Branc	ch C	ode								Α	ccol	ınt N	Numb	oer						
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	SECTION 5: FOUNDERS DETAILS  DUNDER 1																																						
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FOUNDER 2																																							
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First Names  ID No Nationality FOUNDER 3  Organisation Details (If F Organisation Name  Registration Number  Details of Founder/Organ Surname																OR						Dunce																	

		SEC	TION 6:TRUSTEES SUMMAR	Υ	
No.	Trustee Type(*) Indi / Org	Trustee Full Name /Organisation Name	ID/ Passport/ Registration No	Representative Full Name	Representative ID/ Passport
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

- Trustee Types: Organisation/Individual Names must be written as on the ID / Passport
- Please insert Acceptance of Trusteeship Forms below this page

	SE	ECTION 7: AUDITOR'S DETAILS	
Organisation Details (If Auditor is	an Organisation)		
Organisation Name			
Registration Number			
Details of Auditor/Organisation Re	presentative		
Surname			Title
First Names			
Nationality			
ID No		R Passport No	
Auditor's Accreditation Details			
IRBA	SAIPA	CIMA Accreditation No.	
SAICA	ACCA	Other If Other, Specify	
	SECTION 8: BOND OF S	SECURITY (MANDATORY FOR RAF/ IF APPLICABL	LE)
Is Bond Security Required?	Yes No	Security Amount:	R
If Bond Of Security is not required, provide reason for exemption		Provide Reason, If Security Amount is Less than Initial Value of Asset:	
Financial Institution			
Policy / Reference Number			
Initial Value Of Assets	R	(Only applicable for Registration	on)
		SECTION 9: DECLARATION	
I, the undersigned, co	nfirm that the information provided above is accurate	and will inform the Master of any changes that tak	ke place pertaining to the information provided above.
Date: C C Y Y	/ M M / D D)	Signature:	