

## 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	DET	AILS	;																																							
Organisation Details (If A	Appli	cant	is ar	n Org	gan	isati	ion)																																			
Organisation Name																																										
Registration Number																																										
<b>Details of Contact Perso</b>	n/Org	ganis	atio	n Re	pre	sen	tativ	/e																																		
Surname																																						7	Title			
First Names																																										
Nationality																																										
ID No															/0	R								Pa	ssp	ort N	lo															
Preferred Method of Con	nmur	icati	on																		Pr	eferre	ed M	etho	d of	Col	lecti	ion														
Masters Office Box Collect By Hand			E-mail Post																			asters ollect																F	Post			
Contact Details																																										
Masters Office Box No					] 1	Tel N	No											Cell	l No												Fa	x No	<u> </u>									
E-mail																																										
Postal Address																																										
Address Line 1																																										
Address Line 2																																										
Province																	Cit	ty/To	own																		Pos	tal C	ode			
Physical Address																																										
Mark here with an "X" if	addre	ess is	the	san	ne a	ıs al	bove	e or	capt	ure	you	r Ph	ysica	ıl A	ddre	ss																										
Address Line 1																																										
Address Line 2																																										
Province																	Cit	ty/To	own																		Pos	tal C	ode			
Applicant's other roles o	n the	Trus	st																																							
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	Yes No																	cant t														Ė	_	Yes	ļ		No			

SECTION 2: SUPPORTING DOCUMENTS (APPLICABLE FOR TRUST REGIST	RATION)			
Documents	Submit	ted	Number of Subn	nitted 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)	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 No		
	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																																							
ID No														/OF	?								P	ass	port	No													
Preferred Method of Com	mur	icati	on																	F	Prefer	red I	Vieth	od (	of Co	ollec	tion												
Masters Office Box Collect By Hand			E-mail Post Tel No																		Maste Collec				<b>K</b>	[										Post			
Contact Details																																							
Masters Office Box No					Te	el No											С	ell N	0										Fax	No									
E-mail																																							
Postal Address																																							
Address Line 1																																							
Address Line 2																																					i		
Province																	City	Tow/	'n															Pos	stal C	Code			
Physical Address																																							
Mark here with an "X" if a	ddre	ss s	ame	as a	bov	e or c	captu	ıre y	our F	Physi	cal A	Addre	ess																										
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						
																		īĒ																					
																		司旨											٦E										

	SECTION 5: FOUNDERS DETAILS  OUNDER 1  Organisation Details (If Founder is an Organisation)																																						
FOUNDER 1																																							
Organisation Details (If F	ounc	ler is	an	Orga	anis	atior	1)																																
Organisation Name														JE																						JE	$\Box$ [		
Registration Number																								-											 				
Details of Founder/Organ	nisati	on R	epre	esen	tativ	/e																																	
Surname																																				Tit	tle		
First Names																																					$\Box$ [		
																																					$\square$ [		
ID No														JE	/	OR							Pas	spo	rt N	o [										JE	$\Box$ [		
Nationality																					ls Fo	unc	ler a	Tru	stee	?	Y	es		No	•								
FOUNDER 2																																							
Organisation Details (If F	ounc	ler is	an	Orga	anis	atior	1)																																
Organisation Name																																							
Registration Number														Ī																									
Details of Founder/Organ	nisati	on R	epre	esen	tativ	/e																																	
														floor																						Tit	tle		
Surname																$\neg$	$\neg \vdash$	$\neg \vdash$	$\exists \Gamma$						1								1	$\neg \vdash$		٦F			
Surname First Names														IJĹ																				IJL		ᆚᆫ			
																									Ĭ														
															   /	OR							Pas	spc	rt N	  -  -													
First Names															[ ][ ] /	OR					Is Fo	ounc		-			] [ ] [ ] Y	es		       No				][ ][					
First Names															   <i> </i>   [	OR					Is Fo	ounc		-			] ] ] Y	es		No	] ] ] >								
First Names ID No Nationality	Counc	ler is	an	Orga	anis	atior	] [ ] [ ] [								_  _ _	OR					Is Fo	ounc		-			] ] ] Y	es		No.	][ ][ )								
First Names  ID No Nationality  FOUNDER 3	ounc	ler is	an	Orga	anis	atior	) 									OR					Is Fo	ounc		-			] ] ] v	[ [ [		No									
First Names  ID No Nationality FOUNDER 3  Organisation Details (If F	Counc	ler is	an	Orga	anis	ation	][ ][ ][									OR					Is Fo	ounc		-			][ ][ ] Y	[ [ [		] No	         								
First Names  ID No Nationality FOUNDER 3  Organisation Details (If F	Counc	ler is	an	Orga	anis	ation	][ ][ ][ ][									OR					Is Fo	ounc		-			] [ ] Y	[		No	)								
First Names  ID No Nationality  FOUNDER 3  Organisation Details (If FOUNDER STATEMENT OF STATEME							][ ][ ][ ][									OR I					Is Fo	bunc		-			] [ ] Y	[ [ [		No	] [ ] [ ] [								
First Names  ID No Nationality  FOUNDER 3  Organisation Details (If F Organisation Name  Registration Number							) ] ] ) ] ] ]									OR					Is Fo	bunc		-			] [ ] Y	[		No									
First Names  ID No Nationality  FOUNDER 3  Organisation Details (If F Organisation Name  Registration Number  Details of Founder/Organ							][ ][ ][ ][									OR					Is Fo	bunc		-				/es		)									
First Names  ID No Nationality FOUNDER 3  Organisation Details (If F Organisation Name  Registration Number  Details of Founder/Organ Surname																OR					Is Fo	bunc		-				[[ [ [								] [ ] [ ] [ ] [			
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

														S	SEC	TION	7: /	AUDI	ΤΟΙ	R'S E	ET.	AILS																						
Organisation Details (If Au	ditor is	an O	rgani	isati	ion)																																							
Organisation Name																																												
Registration Number																																												_
Details of Auditor/Organis	ation Re	prese	entat	tive																									_											_				
Surname																						<u> </u>		╝															Title			╝	╝	
First Names																																							L				<u>JL</u>	
																																							ı				IJĹ	
Nationality																																											JE	
ID No														/0	R									Pá	assı	port	No																	
Auditor's Accreditation De	etails																																											
IRBA									SAI	PA							CII	MA					Acc	cred	litat	ion	No.																	
SAICA									AC	CA							Oth	ner					If	Oth	er, S	Spe	cify														-			
L																		_																										
									SE	СТІ	ON	8: B(	ONE	OF	SE	CURI	TY (	(MAN	DA	TOR	ΥF	OR F	RAF/	IF A	APP	LIC	ABL	E)																
Is Bond Security Required	?		Yes			No	,														Sec	curity	y An	nou	nt:			R																
If Bond Of Security is not required, provide reason fexemption	or																				Sec tha	ovide curity in Ini set:	y An	nou	nt is	s Le	ss																	
Financial Institution																																												
Policy / Reference Number	r																																											
Initial Value Of Assets		R																		(Onl	ly a <sub>l</sub>	pplic	able	for	Re	gist	ratio	n)																
															S	ECTI	ON	9: DE	CL	.ARA	TIC	N																						
I, the undersi	gned, co	nfirm	that	t the	info	rma	ation	pro	ovid	ed a	abov	e is	acc	urat	e aı	nd wil	ll in	form	the	Mas	ster	of ar	ny cl	han	ges	tha	t tak	e pla	ace	oerta	inin	g to	the i	info	rmat	ion	pro	vide	d ab	ove	•			
Date: (C C	YY	] <b>/</b>	М	N	1	/ I	D	D)															Siç	gnat	ture	:																		