

TRUST APPLICATION FORM**[1] PROPOSED NAME OF TRUST**

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|--|

[2] TYPE OF TRUST, AND LANGUAGE TO BE DRAFTED (Indicate whichever applicable)

| | | | |
|--|-----------------------------------|--|--------------------|
| | FAMILY TRUST (Trust inter vivo's) | | DRAFT IN AFRIKAANS |
| | TESTAMENTARY TRUST | | DRAFT IN ENGLISH? |
| | CURATORSHIP | | |
| | OTHER (Describe in par. 11) | | |

[3] DETAILS OF DONOR

| | |
|----------------------|--|
| INITIALS AND SURNAME | |
| FULL NAMES | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POTAL ADDRESS | |

[4] TRUSTEES**TRUSTEE 1:**

| | |
|----------------------|--|
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMER | |

| | |
|------------------|--|
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| | |
|----------------------|--|
| TRUSTEE 2: | |
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| | |
|----------------------|--|
| TRUSTEE 3: | |
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| | |
|----------------------|--|
| TRUSTEE 4: | |
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| INDEPENDANT TRUSTEE | ON BEHALF OF TRUSTWISE EXECUTORS |
|----------------------------|---|
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| ALTERNATIVE TRUSTEE NOMINATED FOR TRUSTEE 1 | |
|--|--|
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICAL ADDRESS | |
| POSTAL ADDRESS | |

| ALTERNATIVE TRUSTEE NOMINATED FOR TRUSTEE 2 | |
|--|--|
| INITIALS AND SURNAME | |
| FULL NAME | |
| ID NUMBER | |
| TAX NUMBER | |
| OCCUPATION | |
| MOBILE NUMBER | |
| CONTACT NUMBER | |
| E-MAIL | |
| PHYSICALL ADDRESS | |
| POTAL ADDRESS | |

[5] TRUSTEE(S) WHO SHALL HAVE SIGNING POWERS ON ALL DOCUMENTS AND TRANSACTIONS

| | |
|-----|--|
| 5.1 | |
| 5.2 | |

[6] CAPITAL BENEFICIARIES (CB) & INCOME BENEFICIARIES (IB)

| NO | FULL NAME AND SURNAME | ID NUMBER / DATE OF BIRTH | CP | IB |
|-----|-----------------------|---------------------------|----|----|
| 6.1 | | | | |
| 6.2 | | | | |
| 6.3 | | | | |
| 6.4 | | | | |
| 6.5 | | | | |
| 6.6 | | | | |

[7] AGE OF BENEFICIARY – TRANSFER OF BENEFIT

Minimum age at which assets may be transferred to trust beneficiary:

| 21 | 25 | 30 | Other |
|----|----|----|-------|
| | | | |

[8] TERMINATION OF TRUST

Date of termination of Trust

| | | | |
|-----|-------------------------------|--|--|
| 8.1 | On discretion of Trustees | | |
| 8.2 | Death of the Surviving Spouse | | |
| 8.3 | Other | | |

[9] ACCOUNTING OFFICER

| | | | |
|-----|---|--|--|
| 9.1 | TRUSTWISE EXECUTORS NOMINATED ACCOUNTANT: | | |
| 9.2 | OTHER | | |
| | NAME OF BUSINESS/FIRM | | |
| | NAME OF RESPONSABLE ACCOUNTANT | | |
| | CONTACT NUMBER | | |
| | MOBILE NUMBER | | |
| | E-MAIL | | |
| | PHYSICAL ADDRESS | | |
| | POSTAL ADDRESS | | |

[10] TRUST BANK ACCOUNT TO BE OPENED AT

| | | | |
|------|-------------------------------------|--|--|
| 10.1 | TRUSTWISE EXECUTORS NOMINATED BANK: | | |
| 10.2 | OTHER | | |
| | NAME OF BANK | | |
| | BRANCH | | |

