



TRUST APPLICATION FORM

TRUST INFORMATION DETAILS FORM

Please read the instructions carefully and complete as fully as possible. Write in block capitals and tick the appropriate boxes where required or delete as appropriate. Use extra sheets if the space provided is not sufficient. Please do not hesitate to contact your consultant if you have any queries. Thank you

TRUST INFORMATION

Name of Trust: _____

Purpose of establishing the Trust: _____

Founder's full names and ID number: _____

Founders Address: _____

Type of assets to be held by the Trust: _____

Trust Accountant: _____

Proposed Trust Bank Institution: _____

Type of Trust: Discretionary Other (please specify: _____

Special Instructions (if any) _____

Individual or company that referred the client to IFS _____

TRUSTEE INFORMATION

1 Full Name: _____

1.1 Occupation _____

1.2 Identity Number _____

1.3 Postal Address _____

1.4 Physical Address _____

1.5 eMail Address _____

1.6 Contact numbers Cell number _____ Land Line(plus area code) _____

1.7 Trustee on any other Trust? Yes _____ No _____

1.8 Marital Contract ANC _____ COP _____

2 Full Name: _____

2.1 Occupation _____

2.2 Identity Number _____

2.3 Postal Address _____

2.4 Physical Address _____

2.5 eMail Address _____

2.6 Contact numbers Cell number _____ Land Line(plus area code) _____

2.7 Trustee on any other Trust? Yes _____ No _____

2.8 Marital Contract ANC _____ COP _____

3 Full Name: _____

3.1 Occupation _____

3.2 Identity Number _____

3.3 Postal Address _____

3.4 Physical Address _____

3.5 eMail Address _____

3.6 Contact numbers Cell number _____ Land Line(plus area code) _____

3.7 Trustee on any other Trust? Yes _____ No _____

3.8 Marital Contract ANC _____ COP _____

4 Full Name: _____

4.1 Occupation _____

4.2 Identity Number _____

4.3 Postal Address _____

4.4 Physical Address _____

4.5 eMail Address _____

4.6 Contact numbers Cell number _____ Land Line(plus area code) _____

4.7 Trustee on any other Trust? Yes _____ No _____

4.8 Marital Contract ANC _____ COP _____

BENEFICIARY INFORMATION

1 Full Name / Entity _____

1.1. Identity Number / IT Number / Reference Number _____

1.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

1.3. Occupation: _____

1.4. Relationship to settlor: _____

1.5. Type of Beneficiary: Capital Income Both

2 Full Name / Entity _____

2.1. Identity Number / IT Number / Reference Number _____

2.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

2.3. Occupation: _____

2.4. Relationship to settlor: _____

2.5. Type of Beneficiary: Capital Income Both

3 Full Name / Entity _____

3.1. Identity Number / IT Number / Reference Number _____

3.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

3.3. Occupation: _____

3.4. Relationship to settlor: _____

3.5. Type of Beneficiary: Capital Income Both

4 Full Name / Entity _____

4.1. Identity Number / IT Number / Reference Number _____

4.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

4.3. Occupation: _____

4.4. Relationship to settlor: _____

4.5. Type of Beneficiary: Capital Income Both

5 Full Name / Entity _____

5.1. Identity Number / IT Number / Reference Number _____

5.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

5.3. Occupation: _____

5.4. Relationship to settlor: _____

5.5. Type of Beneficiary: Capital Income Both

6 Full Name / Entity _____

6.1. Identity Number / IT Number / Reference Number _____

6.2. Contact Numbers Cell number _____ Land Line(plus area code) _____

6.3. Occupation: _____

6.4. Relationship to settlor: _____

6.5. Type of Beneficiary: Capital Income Both

DECLARATION

- I/We hereby confirm and certify that to the best of my/our knowledge and belief that the information given above is complete and correct and that any estimates given above have been made in good faith
- I/We confirm that I/we am/are the sole owner of the assets which are being settled and that no third party rights exist thereon and that any asset owned or introduced into the Trust has been owned or introduced lawfully and is not derived from or otherwise connected with an illegal activity.
- I/We hereby confirm and certify, to the best of my/our knowledge and belief that I/we or note of beneficial owners(s), settler(s), donor (s) and beneficiaries of the Trust have ever been convicted in a Court of Law for a criminal offence, penalized, sanctioned, declared bankrupt, is currently or have ever been under investigation for professional negligence or malpractice by any regulatory authority in any country.

INSTRUCTIONS TO FOUND A TRUST

We/I, the undersigned, hereby appoint Stellenbosch Trustee and Trust Corporation Limited as our/my agent and request that a Trust Deed be prepared and registered with the Master of the High Court on my/our behalf. We/I confirm that the details of this Application are correct.

Place of signature:

Full Name: _____ Date _____

Place of signature:

Full Name: _____ Date _____

Dear Client

The documentation that you will be receiving, either as a draft or as a finalised document, serves as a legal document which is capable of being utilised once it has been signed. It is therefore company policy to issue an invoice within 10 working days of the manuscript being sent to you unless the writer has been contacted with regards to the fact that the document requires changes. If you decide not to utilise the trust then you will be charged at ST&T's hourly rate for directors.

FINANCIAL INTELLIGENCE CENTRE ACT (FICA)

Please be advised that we will not process this application unless we receive all the documents as detailed below, where applicable. Thank you for your co-operation.

1. Trustees

- a. Passport or ID clearly showing specimen signature, passport expiry date and photograph of bearer
- b. Confirmation of permanent residential address e.g. Recent utility bill or bank statement or credit card statement (not older than 6 months) – Original or certified copy

2. Beneficiaries

- a. Passport or ID clearly showing specimen signature, passport expiry date and photograph of bearer
- b. Confirmation of permanent residential address e.g. Recent utility bill or bank statement or credit card statement (not older than 6 months) – Original or certified copy