



TRUST REGISTRATION & AMENDMENTS FORM (Inter-Vivos)

Application Form Selections:	Trust Registration	<input type="checkbox"/>	Complete All Sections	Bond of Security Amendments	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 8, 9
	Trustee Amendments	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 6, 9	General Trust Amendments	<input type="checkbox"/>	Complete Sections 1.1, 1.2*, 1.3, 3*, 4*, 5*, 9
	Auditor Amendments	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 7, 9	Trust Copies	<input type="checkbox"/>	Complete Sections 1.1, 1.3, 9
	Other	<input type="checkbox"/>				

* If applicable

* A separate application form must be submitted for each amendment type

SECTION 1: SUMMARY DETAILS

1.1 TRUST NAME & FILE NUMBER

Trust Name

Trust File Number *

1.2 TRUST GENERAL DETAILS

Asset Location <input type="text"/> Probable Trust Duration <input type="text"/> No. of Trustees (Persons) <input type="text"/> (to be captured for this application) No. of Trustees (Organization) <input type="text"/> (to be captured for this application) Minimum No. of Trustees Allowed <input type="text"/> (on the trust) Maximum No. of Trustees Allowed <input type="text"/> (on the trust)	Source of Funds <input type="checkbox"/> Road Accident Fund (RAF) <input type="checkbox"/> Other Is Annual Audit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Beneficiaries (RAF) <input type="checkbox"/> Class <input type="checkbox"/> Unknown No. <input type="text"/> No. of Mentally Incapacitated/ Minor Beneficiaries (RAF) <input type="text"/>
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Is this a Court Order Application? Yes No

Court Name

Case No.

FOR OFFICE USE ONLY

Received By:

Signature:

Stamp:

1.3 APPLICANT/AGENT DETAILS

Organisation Details (If Applicant is an Organisation)

Organisation Name
 Registration Number

Details of Contact Person/Organisation Representative

Surname Title
 First Names
 Nationality
 ID No /OR Passport No

Preferred Method of Communication

Masters Office Box E-mail
 Collect By Hand Post

Preferred Method of Collection

Masters Office Box Post
 Collect By Hand

Contact Details

Masters Office Box No Tel No Cell No Fax No
 E-mail

Postal Address

Address Line 1
 Address Line 2
 Province City/Town Postal Code

Physical Address

Mark here with an "X" if address is the same as above or capture your Physical Address
 Address Line 1
 Address Line 2
 Province City/Town Postal Code

Applicant's other roles on the Trust

Is Applicant a Trustee? Yes No
 Is Applicant an Auditor/ Accountant of this Trust? Yes No
 Is Applicant the Main Contact for future Trust communication? Yes No
 Is Applicant the Founder? Yes No

SECTION 2: SUPPORTING DOCUMENTS (APPLICABLE FOR TRUST REGISTRATION)

Documents	Submitted		Number of Submitted Documents			
Application Form (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Trust Deed (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Payment (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Trusteeship (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee(s) Identification - Certified Copies of ID/Passport/Organisation Proof Of Registration (CK1) (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee(s) Representative Identification - Certified Copies of ID/Passport (Mandatory for Organisation Trustee(s))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Declaration Form (Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Identification - Certified Copies of ID/Birth Certificate/Passport/Organisation (CK1) (Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Guardian Identification - Certified Copies of ID/Passport (Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bond of Security/Proof of Exemption (If Applicable/ Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertaking by an Auditor/Accountant (If Applicable/Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Certified Court Order (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- RAF – Road Accident Fund

SECTION 3: MAIN CONTACT DETAILS

Organisation Details (If Applicant is an Organisation)

Organisation Name
 Registration Number

Details of Contact Person/Organisation Representative

Surname Title
 First Names
 Nationality
 ID No /OR Passport No

Preferred Method of Communication

Preferred Method of Collection

Masters Office Box E-mail
 Collect By Hand Post

Masters Office Box Post
 Collect By Hand

Contact Details

Masters Office Box No Tel No Cell No Fax No
 E-mail

Postal Address

Address Line 1
 Address Line 2
 Province City/Town Postal Code

Physical Address

Mark here with an "X" if address same as above or capture your Physical Address
 Address Line 1
 Address Line 2
 Province City/Town Postal Code

Main Contact's other capacities on the Trust

Is Main Contact a Trustee? Yes No
 Is Main Contact an Auditor of this Trust? Yes No
 Is Applicant the Founder? Yes No

SECTION 4: BANK DETAILS

Bank Name	Branch Name	Branch Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6:TRUSTEES SUMMARY

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**

SECTION 7: AUDITOR'S DETAILS

Organisation Details (If Auditor is an Organisation)

Organisation Name [grid]
Registration Number [grid]

Details of Auditor/Organisation Representative

Surname [grid] Title [grid]
First Names [grid]
Nationality [grid]
ID No [grid] /OR Passport No [grid]

Auditor's Accreditation Details

IRBA [checkbox] SAIPA [checkbox] CIMA [checkbox] Accreditation No. [grid]
SAICA [checkbox] ACCA [checkbox] Other [checkbox] If Other, Specify [text]

SECTION 8: BOND OF SECURITY (MANDATORY FOR RAF/ IF APPLICABLE)

Is Bond Security Required? [checkbox] Yes [checkbox] No
If Bond Of Security is not required, provide reason for exemption [text]
Security Amount: R [text]
Provide Reason, If Security Amount is Less than Initial Value of Asset: [text]
Financial Institution [grid]
Policy / Reference Number [grid]
Initial Value Of Assets R [text] (Only applicable for Registration)

SECTION 9: DECLARATION

I, the undersigned, confirm that the information provided above is accurate and will inform the Master of any changes that take place pertaining to the information provided above.

Date: [grid] / [grid] / [grid]
(C C Y Y / M M / D D)

Signature: [text]