



**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"/>
	<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**

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**Preferred Method of Collection**

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**Physical Address**

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 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 5: FOUNDERS DETAILS**

**FOUNDER 1**

**Organisation Details (If Founder is an Organisation)**

Organisation Name   
Registration Number

**Details of Founder/Organisation Representative**

Surname  Title   
First Names   
ID No  /OR  Passport No   
Nationality  Is Founder a Trustee?  Yes  No

**FOUNDER 2**

**Organisation Details (If Founder is an Organisation)**

Organisation Name   
Registration Number

**Details of Founder/Organisation Representative**

Surname  Title   
First Names   
ID No  /OR  Passport No   
Nationality  Is Founder a Trustee?  Yes  No

**FOUNDER 3**

**Organisation Details (If Founder is an Organisation)**

Organisation Name   
Registration Number

**Details of Founder/Organisation Representative**

Surname  Title   
First Names   
ID No  /OR  Passport No   
Nationality  Is Founder a Trustee?  Yes  No

**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   
 Registration Number

**Details of Auditor/Organisation Representative**

Surname  Title   
 First Names   
 Nationality   
 ID No  /OR Passport No

**Auditor's Accreditation Details**

IRBA  SAIPA  CIMA  Accreditation No.   
 SAICA  ACCA  Other  If Other, Specify

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

Is Bond Security Required?  Yes  No  
 If Bond Of Security is not required, provide reason for exemption   
 Security Amount: R   
 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)

**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:  /  /   
 (C C Y Y / M M / D D)

Signature: