



REPUBLIC OF SOUTH AFRICA

ACCEPTANCE OF TRUSTEESHIP BY TRUSTEE (Inter-Vivos Trust)

I (Full names and surname) .....

ID / Passport No: [grid of boxes]

Representative of Organisation (If Applicable) .....

Registration Number (If Applicable) .....

Occupation: .....

Previous practical experience in Trust administration? Mention any specific cases: .....

Hereby apply for authority in terms of Section 6(1) of the Trust Property Control Act, 1988 (Act 57 of 1988) to act as trustee of the Trust known as:

I choose the following address for the purposes of Section 5 of the Trust Property Control Act, 1988 (Act 57 of 1988):

Domicillium Citandi et executandi (physical address) Postal Address Tel: Cell: E-mail:

UNDERTAKING

I undertake to inform the Master should there be any changes in the capital/income beneficiaries in this Trust Yes [checkbox]

I undertake to instruct the Auditor to furnish The Master, when requested to do so, with any information which the Master may require in connection with the affairs of the Trust. Yes [checkbox]

DECLARATION

I am qualified to act as trustee and do not find myself in any of the circumstances mentioned in Section 20(2) of the Trust Property Control Act, 1988 (Act 57 of 1988), which will justify my removal and undertake to inform the Master immediately should any such circumstances arise.

I declare that I have NEVER been:

- convicted of any offence of dishonesty or sentenced to prison without a fine option Yes [checkbox]
sequestrated or liquidated or placed under judicial management? Yes [checkbox]
removed from office in respect to any appointment as a Trustee? Yes [checkbox]
declared mentally ill/ incapacitated? Yes [checkbox]

Provide reason if any of the above was NOT answered Yes: .....

Date Signature of Applicant

\*\*Each Trustee must submit a separate Acceptance of Trusteeship by Trustee form