

ACCEPTANCE OF TRUSTEESHIP BY TRUSTEE (Inter-Vivos Trust)

I (Full names ar	d surname)																
ID / Passport N	lo:																
Representative	of Organisation	(If Applie	cable)														
Registration Nu	nber (If Applica	ıble)															
Hereby apply fo as:	authority in te	rms of Se	ection 6	(1) of th	e Tru	st Prop	perty	Contr	ol Act	, 1988	(Act 5	57 of 1	988) to	act as trust	ee of th	e Trust k	nown
I choose the foll	owing address	for the p	urposes	of Sec	tion 5	of the	Trus	t Prop	erty C	Control	Act, 1	988 (Act 57 of	f 1988):			
Domicillium Citandi et executandi (physical address)						Р	Postal Address										
							•••										
									•••								
Tel:									С	ell:							
E-mail:																	
(If, yes ar	amily business i independent t tivation for non	rustee m						dent ti	ustee	e is app	oointed	d furni	sh us	Yes		No	
	ndependent Tru						ĺ	Affidav	it)					Yes		No	
3. Is trustee also the beneficiary?											Yes		No				
4. Is trustee	related to any	beneficia	ry or tru	ustee?										Yes		No	
5. Are all the	e beneficiaries	related to	one ar	nother?										Yes		No	
Profession and	or business occ	cupation (of the tr	ustee:													
Previous practic	al experience in	n trust ad	lministra	ation: M	entio	n any s	specif	fic cas	es.								
Will exercise d	irect special pe	rsonal co	ontrol to	mainta	in acc	curate	trust	record	ls?					Yes		No	

Each Trustee must submit a separate Acceptance of Trusteeship by Trustee form
Please attach an original certified copy of your ID Document not older than three months.

DECLARATION BY TRUSTEE

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.

Thus	s I declare the following:				
•	Trustee ever been convicted of any offence of dishonesty or sentenced to prison without a fine option?	Yes		No	
•	Trustee ever been declared insolvent?	Yes		No	
•	Trustee ever been removed from office in respect to any appointment as a Trustee?	Yes		No	
•	Trustee ever been declared mentally ill / incapacitated?	Yes		No	
Prov	vide reason if any of the above was answered YES:				
•	Trustee has knowledge and understands the law of trust?	Yes		No	
•	Trustee is aware of the fiduciary duties and responsibilities?	Yes		No	
•	By accepting the position of trustee, you are exposing yourself to civil and criminal actions in terms of section 9 of the Trust Property Control Act, 1988 (Act 57 of 1988)	Yes		No	
•	By accepting the position of trustee, you are exposing yourself to removal action by the Master for failure to comply with any lawful request of the Master including a request to account in terms of section 16 of the Trust Property Control Act, 1998 (Act 57 Act of 1998)	Yes		No	
•	Trustee will exercise direct special personal control to maintain accurate trust records	Yes		No	
	<u>UNDERTAKING</u>				
l un	dertake to inform the Master should there be any changes in the capital/income beneficiaries in this	Trust			
l un	dertake to instruct the Auditor to furnish The Master, when requested to do so, with any information ire in connection with the affairs of the Trust.		the Ma	aster n	nay
Sigr	ned at MonthYear				
	nature of Trustee				
dep has requ GN	rtify that on the	tand th I furth Id as fu	e cont er ce irther	tents h rtify th amend	ereof, at the led by
		Comr	nissio	ner of	Oath

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