REPUBLIC OF BOTSWANA

TRUST REGISTRATION & AMENDMENTS FORM (Inter-Vivos)

Application Form Selections:					
Trust Registration		Complete All Sections	Bond of Security Amendments		Complete Sections 1.1, 1.3, 8, 9
Trustee Amendments		Complete Sections 1.1, 1.3, 6, 9	General Trust Amendments		Complete Sections 1.1, 1.2*, 1.3, 3*, 4*, 5*, 9
Auditor Amendments		Complete Sections 1.1, 1.3, 7, 9	Trust Copies		Complete Sections 1.1, 1.3, 9
Other					

*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

Probable Trust Duration

No. of Trustees (Persons)   (to be captured for this application)

No. of Trustees (Organization)   (to be captured for this application)

Minimum No. of Trustees Allowed   (on the trust)

Maximum No. of Trustees Allowed   (on the trust)

Source of Funds   ☐ Motor Vehicle Accident Fund $^{(MVA)}$ ☐ Other

Is Annual Audit Required?   ☐ Yes   ☐ No

No. of Beneficiaries (MVA)   ☐ Class   ☐ Unknown   No. ☐☐☐☐

No. of Mentally Incapacitated/ Minor Beneficiaries (MVA)   ☐☐☐☐

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			Preferred Method of Collection	
Masters Office Box ☐	E-mail ☐		Masters Office Box ☐	Post ☐
Collect By Hand ☐	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

District   **City/Town**

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

District   **City/Town**

Applicant's other roles on the Trust

Is Applicant a Trustee?	☐ Yes ☐ No	Is Applicant the Main Contact for future Trust communication?	☐ Yes ☐ No
Is Applicant an Auditor/ Accountant of this Trust?	☐ 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)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Original or Certified Trust Deed (Mandatory)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Proof of Payment (Mandatory)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Acceptance of Trusteeship (Mandatory)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Trustee(s) Identification Certified Copies of ID/Passport/Organisation Proof Of Registration (Mandatory)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Trustee(s) Representative Identification - Certified Copies of ID/Passport (Mandatory for Organisation Trustee(s))	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Beneficiaries Declaration Form (Mandatory)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Beneficiaries Identification - Certified Copies of ID/Birth Certificate/Passport/Organisation (Mandatory for MVA)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Beneficiaries Guardian Identification - Certified Copies of ID/Passport (Mandatory for MVA)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Bond of Security/Proof of Exemption (If Applicable/ Mandatory for MVA)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Undertaking by an Auditor/Accountant (If Applicable/Mandatory for MVA)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
Final Certified Court Order (If Applicable)	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		
	☐ Yes	☐ No	☐ ☐ ☐ ☐		

- **MVA – Motor Vehicle 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 | ☐ | Masters Office Box | ☐ | Post | ☐ |
| Collect By Hand | ☐ | 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

District　　　**City/Town**

Physical Address

Mark here with an "X" if address same as above or capture your Physical Address ☐

Address Line 1

Address Line 2

District　　　**City/Town**

Main Contact's other capacities on the Trust

Is Main Contact a Trustee? ☐ Yes ☐ No　　　**Is Applicant the Founder?** ☐ Yes ☐ No

Is Main Contact an Auditor of this Trust? ☐ Yes ☐ No

SECTION 4: BANK DETAILS

Bank Name	Branch Name	Branch Code	Account Number

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

ACCA ☐ **CIMA** ☐ **Accreditation No.**

Other ☐ **If Other, Specify**

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

Is Bond Security Required? ☐ **Yes** ☐ **No** — **Security Amount:** P

If Bond Of Security is not required, provide reason for exemption

Provide Reason, If Security Amount is Less than Initial Value of Asset:

Financial Institution

Policy / Reference Number

Initial Value Of Assets P — (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: