



UNDERTAKING BY AUDITOR/ACCOUNTANT (Inter-Vivos Trust)

I (Full names and surname)

ID/ Passport No:

Representative of Organisation (If Applicable)

Registration Number (If Applicable)

Accreditation Body:

Accreditation Registration No

Hereby undertake to act as Auditor/Accountant of the Trust known as:

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I choose the following address:

Domicillium Citandi et executandi (physical address)

Postal Address

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Tel:

Cell:

E-mail:

DECLARATION AND UNDERTAKING

I am qualified to act as Auditor/Accountant of the above Trust and undertake to advise the Master:

- Should I cease to act in the above Trust Yes
- The name of the new Auditor/Accountant should I be aware thereof Yes
- Should there be any changes in the capital/income beneficiaries in this trust Yes
- Should the Trust not have been administered in accordance with the terms and conditions of the trust deed Yes
- Of any substantial addition, to the capital and assets of the trust and value thereof Yes

Provide reason if any of the above could **NOT** be answered **Yes**:

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Date

Signature of Auditor/Accountant