



ACCEPTANCE OF TRUSTEESHIP BY TRUSTEE (Inter-Vivos Trust)

I (Full names and surname)

ID / Passport No:

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

Representative of Organisation (If Applicable)

Registration Number (If Applicable)

Hereby apply for authority in terms of Section 7(1) of the Trust Property Control Act, 2018 to act as trustee of the Trust known as:

I choose the following address for the purposes of Section 6 of the Trust Property Control Act, 2018

Domicillium Citandi et executandi (physical address)

Postal Address

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Tel:

Cell:

E-mail:

1. Is this a family business trust?
(If, yes an independent trustee must be appointed. If no independent trustee is appointed furnish us with a motivation for non-appointment of an independent trustee)

Yes

☐

No

☐

2. I am an Independent Trustee? (If, yes complete attached sworn Affidavit)

Yes

☐

No

☐

3. Is trustee also the beneficiary?

Yes

☐

No

☐

4. Is trustee related to any beneficiary or trustee?

Yes

☐

No

☐

5. Are all the beneficiaries related to one another?

Yes

☐

No

☐

Profession and or business occupation of the trustee:

Previous practical experience in trust administration: Mention any specific cases.

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.....

Will exercise direct special personal control to maintain accurate trust records?

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 21(2) of the Trust Property Control Act, 2018, which will justify my removal and undertake to inform the Master immediately should any such circumstances arise.

Thus I declare the following:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| • Trustee ever been convicted of any offence of dishonesty or sentenced to prison without a fine option? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Trustee ever been declared insolvent? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Trustee ever been removed from office in respect to any appointment as a Trustee? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Trustee ever been declared mentally ill / incapacitated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Provide reason if any of the above was answered YES:

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- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| • Trustee has knowledge and understands the law of trust? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Trustee is aware of the fiduciary duties and responsibilities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • By accepting the position of trustee, you are exposing yourself to civil and criminal actions in terms of section 10 of the Trust Property Control Act, 2018 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • 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 17 of the Trust Property Control Act, 2018 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Trustee will exercise direct special personal control to maintain accurate trust records | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Provide reason if any of the above was answered NO:

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UNDERTAKING

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

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.

Signed at on the.....day..... Month.....Year.....

.....

Signature of Trustee

I certify that on the day MonthYear at and in my presence the deponent signed the Acceptance Of Trusteeship by Trustee and declared that he/she knows and understand the contents hereof, has no objection to taking this oath and considers the oath to be binding on his/her conscience.

.....
Commissioner of Oath

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