



INSTRUCTIONS FORM: TRUST

1. **NAME OF TRUST:** _____

2. **DETAILS OF FOUNDER (CREATOR OF TRUST):**

2.1. Full names and Surname: _____

2.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)

2.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)

2.4. Residential address: _____ (attach copy of UTILITY BILL)

2.5. Telephone H: _____ Telephone W: _____

2.6. E-mail address: _____ Cell phone _____

3. **TRUSTEES:**

3.1. Minimum Trustees at any given time: _____ (we suggest: not less than TWO)

3.2. Maximum Trustees at any given time: _____ (we suggest: not more than FIVE)

4. **DETAILS OF TRUSTEE 1:**

4.1. Full names and Surname: _____

4.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)

4.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)

4.4. Residential address: _____ (attach copy of UTILITY BILL)

4.5. Telephone H: _____ Telephone W: _____

4.6. E-mail address: _____ Cell phone _____

4.7. What is the relationship between the TRUSTEE and the FOUNDER? _____

4.8. What is the relationship between the TRUSTEE AND THE BENEFICIARIES? _____

4.9. Qualification, profession and career description of Trustee: (this is required to motivate to the Master of the Supreme Court why the Trustee may be exempted from giving security by way of a policy that he will act properly as Trustee)

5. **DETAILS OF TRUSTEE 2:**

5.1. Full names and Surname: _____

5.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)

5.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)



KORF ATTORNEYS / NOTARIES / CONVEYANCERS / ESTATE ADMINISTRATORS (proud member of the VIRTUAL LAWYERS GROUP)

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- 5.4. Residential address: _____ (attach copy of UTILITY BILL)
- 5.5. Telephone H: _____ Telephone W: _____
- 5.6. E-mail address: _____ Cell phone _____
- 5.7. What is the relationship between the TRUSTEE and the FOUNDER? _____
- 5.8. What is the relationship between the TRUSTEE AND THE BENEFICIARIES? _____
- 5.9. Qualification, profession and career description of Trustee:

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6. DETAILS OF TRUSTEE 3:

- 6.1. Full names and Surname: _____
- 6.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 6.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 6.4. Residential address: _____ (attach copy of UTILITY BILL)
- 6.5. Telephone H: _____ Telephone W: _____
- 6.6. E-mail address: _____ Cell phone _____
- 6.7. What is the relationship between the TRUSTEE and the FOUNDER? _____
- 6.8. What is the relationship between the TRUSTEE AND THE BENEFICIARIES? _____
- 6.9. Qualification, profession and career description of Trustee:

7. DETAILS OF TRUSTEE 4:

- 7.1. Full names and Surname: _____
- 7.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 7.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 7.4. Residential address: _____ (attach copy of UTILITY BILL)
- 7.5. Telephone H: _____ Telephone W: _____
- 7.6. E-mail address: _____ Cell phone _____
- 7.7. What is the relationship between the TRUSTEE and the FOUNDER? _____
- 7.8. What is the relationship between the TRUSTEE AND THE BENEFICIARIES? _____



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P.O.Box 7267 Welgemoed, 7538

7.9. Qualification, profession and career description of Trustee:

8. DETAILS OF TRUSTEE 5:

- 8.1. Full names and Surname: _____
- 8.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 8.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 8.4. Residential address: _____ (attach copy of UTILITY BILL)
- 8.5. Telephone H: _____ Telephone W: _____
- 8.6. E-mail address: _____ Cell phone _____
- 8.7. What is the relationship between the TRUSTEE and the FOUNDER? _____
- 8.8. What is the relationship between the TRUSTEE AND THE BENEFICIARIES? _____
- 8.9. Qualification, profession and career description of Trustee:

9. DETAILS OF BENEFICIARIES ENTITLED TO INCOME EARNED BY THE TRUST (attach copies of IDENTITY DOCUMENTS)

FULL NAME, SURNAME, IDENTITY NUMBER (DATE OF BIRTH)	RELATIONSHIP WITH FOUNDER and TRUSTEES
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10. DETAILS OF BENEFICIARIES ENTITLED TO CAPITAL/ASSETS OF THE TRUST (if different from 9. above)

FULL NAME, SURNAME, IDENTITY NUMBER (DATE OF BIRTH)	RELATIONSHIP WITH FOUNDER and TRUSTEES
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11. When must the Trust end (or may the Trustees decide as within their discretion)?

12. How must the Trust assets be distributed between the capital beneficiaries when the Trust ends (or may the Trustees decide as within their discretion)?

13. DETAILS OF ACCOUNTING OFFICER / ACCOUNTANT / AUDITOR:

13.1. Full names and Surname: _____

13.2. Name of Firm: _____

13.3. Registered Institution: _____ Practice number: _____

13.4. Business address: _____

13.5. Telephone W: _____ Fax number: _____

13.6. E-mail address: _____ Cell phone _____

14. OTHER STIPULATIONS:

I confirm that I understand and am duly aware of the legal consequence of my instructions herein.

DONE AND SIGNED AT _____ ON _____

SIGNATURE: FOUNDER OF TRUST _____

Fax / e-mail completed and signed INSTRUCTIONS FORM, copies of IDENTITY DOCUMENTS, PROOF OF RESIDENTIAL ADDRESSES and CONFIRMATION OF PAYMENT of costs (R2 500-00) to us. One of our specialist Attorneys will contact you shortly. Banking details: Korf Attorneys Trust, ABSA Bank, Branch code: 632 005; Account number: 4080983844; Ref: Name and Surname.



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