

7 Mellis Avenue Bradenham Hall Ground floor North block, Sandton P.O.Box 71466 Bryanston, 2120 Docex: 38 Rivonia

Directors Arno Van Deventer (LL.B) Cor Van Deventer (LL.B)

Associates Gerda Pretorius

Request for drafting of an Inter Vivos Trust

Trust requirements	
Name of trust	
Important: All fields are compulsory The following FICA documents must accompany the application Copies of the identity documents of the Founder, Trustee and E Proof of residential address (for example municipal account) o *Where children live with their parents, a confirmation letter from the company of the company	f the Founder, Trustee and Beneficiaries om the parent, accompanied by proof of residential address.
A. Particulars of Donor/Settlor/Founder Title: Mr	
Full names and surnameOccupation .	
Postal address	
E mail address	
Contact numbers: Telephone (Home) () Telephone	ephone (Work) () Cellphone
B. Trust assets	
Please indicate the types of assets as well as their respective values	
Assets	Value



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C. Particulars of trustees

Trustee 1					ь (П				
Title: Mr Mrs Full names and surname	Miss \square						-		
Identity number									
Highest level of education									
Postal address									
Residential address									_ Postal code
E mail address									
Contact numbers: Teleph								_ Cellpho	ne
Name of Trust									
Trustee 2									
	Miss \square						_		
Full names and surname									
dentity number				ccupation					
Highest level of education	ı								
Postal address									_ Postal code
Residential address									Postal code _
E mail address									
Contact numbers: Teleph	one (Home	()		Te	lephone (V	Vork) ()	Cellpho	ne
Trustaa 3									
	Miss 🔲	Ms 🔲	Rev 🔲	Dr 🔲	Prof □	Adv 🗖	Judge 🔲		
Title: Mr □ Mrs □	Miss 🗆				Prof	Adv 🗖	Judge 🗖		
Full names and surname									
Full names and surname dentity number				ccupation					
Full names and surname dentity number Highest level of education				ccupation					
Fitle: Mr Mrs Mrs Ull names and surname dentity number ————————————————————————————————————				ccupation					Postal code
Trustee 3 Title: Mr Mrs Mrs Full names and surname Identity number ———— Highest level of education Postal address ——— Residential address ——— E mail address			00	ccupation					



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D. Right to appoint trustees

his/her will in place of any trustee or trustees who may die or whose office is terminated?	riting or in terms of
Trustee 1 Trustee 2 Trustee 3 Any trustee who is a beneficiary	
E. Particulars of Beneficiaries	
Beneficiary 1 Income Capital Must provision be made for descendant Title: Mr Mrs Miss Miss Rev Dr Prof Adv Judge Full names and surname	
Identity number Occupation	
Highest level of education	
Postal addressResidential address	
E mail address	
Contact numbers: Telephone (Home) () Telephone (Work) ()	Cellphone
Relationship to settlor	
Name of trust	
Beneficiary 2 Income □ Capital □ Must provision be made for descendant Title: Mr □ Mrs □ Miss □ Ms □ Rev □ Dr □ Prof □ Adv □ Judge □ Full names and surname	
Identity number Occupation	
Highest level of education	
Postal address	
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Beneficiary 3	
Income Capital Must provision be made for descendants? Yes	□ No □
Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge	
Full names and surname	
Identity number Occupation	
Highest level of education	
Postal address	Postal code
Residential address	Postal code
E mail address	
Contact numbers: Telephone (Home) () Telephone (Work) () Cellpho	ne
Relationship to settlor	
Beneficiary 4 Income Capital Must provision be made for descendants? Yes Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge	□ No □
Full names and surname	
Identity number Occupation	
Highest level of education	
Postal address	
Residential address	Postal code
E mail address	
Contact numbers: Telephone (Home) () Telephone (Work) () Cellpho	ne
Relationship to settlor	
F. Intestate heirs	
The intestate heirs of which beneficiary must qualify as a trust beneficiary:	
Beneficiary 1 ☐ Beneficiary 2 ☐ Beneficiary 3 ☐ Beneficiary 4 ☐	
Name of trust	



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G. Details of intermediary (compulsory)
Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge Name and surname
Intermediary Code
E mail address
Contact numbers: Telephone (Work) () Fax(Work) () Cellphone
H. Particulars of Specialist Financial Planner (if applicable)
Title: Mr Mrs Miss Miss Rev Dr Prof Adv Judge
Name and surname
Pay code
E mail address
Contact numbers: Telephone (Work) () Fax(Work) () Cellphone