

APPLICATION: NEW TRUST

TRUST PARTICULARS

NAME OF TRUST

PLEASE PROVIDE 1 NAME and the purpose of the trust

E mail address

Tel Nr:

NAME OF BANK (Where account will be opened)

FOUNDER

Name, address and ID of Founder (preferable a mother or father of Trustee, but not a must)

TRUSTEE INFORMATION

Names of trustees Min 2 (1 trustee must be a independent trustee)

Full Name	ID
1.	
2.	
3.	
4.	

TRUSTEE INFORMATION: Continue

Trustee 1:

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Trustee 2:

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Trustee 3:

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Trustee 4:

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

BENEFICIARIES

Names of Capital Beneficiaries

Full Name	ID	Relation to Trustee

Names of Income Beneficiaries

Full Name	ID	Relation to Trustee
1.		
2.		
3.		
4.		
5.		
6.		