

1.3 APPLICANT/AGENT DETAILS

Organisation Details (If Applicant is an Organisation)

Organisation Name
 Registration Number

Details of Contact Person/Organisation Representative

Surname Title
 First Names
 Nationality
 ID No /OR Passport No

Preferred Method of Communication

Masters Office Box E-mail
 Collect By Hand Post

Preferred Method of Collection

Masters Office Box Post
 Collect By Hand

Contact Details

Masters Office Box No Tel No Cell No Fax No
 E-mail

Postal Address

Address Line 1
 Address Line 2
 Province City/Town Postal Code

Physical Address

Mark here with an "X" if address is the same as above or capture your Physical Address
 Address Line 1
 Address Line 2
 Province City/Town Postal Code

Applicant's other roles on the Trust

Is Applicant a Trustee? Yes No
 Is Applicant an Auditor/ Accountant of this Trust? Yes No
 Is Applicant the Main Contact for future Trust communication? Yes No
 Is Applicant the Founder? Yes No

SECTION 2: SUPPORTING DOCUMENTS (APPLICABLE FOR TRUST REGISTRATION)

Documents	Submitted		Number of Submitted Documents			
Application Form (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Trust Deed (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Payment (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Trusteeship (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee(s) Identification - Certified Copies of ID/Passport/Organisation Proof Of Registration (CK1) (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee(s) Representative Identification - Certified Copies of ID/Passport (Mandatory for Organisation Trustee(s))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Declaration Form (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Identification - Certified Copies of ID/Birth Certificate/Passport/Organisation (CK1) (Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries Guardian Identification - Certified Copies of ID/Passport (Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bond of Security/Proof of Exemption (If Applicable/ Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertaking by an Auditor/Accountant (If Applicable/Mandatory for RAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Certified Court Order (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- RAF – Road Accident Fund

SECTION 3: MAIN CONTACT DETAILS

Organisation Details (If Applicant is an Organisation)

Organisation Name
 Registration Number

Details of Contact Person/Organisation Representative

Surname Title
 First Names
 Nationality
 ID No /OR Passport No

Preferred Method of Communication

Masters Office Box E-mail
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 Address Line 2
 Province City/Town Postal Code

Physical Address

Mark here with an "X" if address same as above or capture your Physical Address
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 Address Line 2
 Province City/Town Postal Code

Main Contact's other capacities on the Trust

Is Main Contact a Trustee? Yes No
 Is Main Contact an Auditor of this Trust? Yes No
 Is Applicant the Founder? Yes No

SECTION 4: BANK DETAILS

Bank Name	Branch Name	Branch Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5: FOUNDERS DETAILS

FOUNDER 1

Organisation Details (If Founder is an Organisation)

Organisation Name
 Registration Number

Details of Founder/Organisation Representative

Surname Title
 First Names
 ID No /OR Passport No
 Nationality Is Founder a Trustee? Yes No

FOUNDER 2

Organisation Details (If Founder is an Organisation)

Organisation Name
 Registration Number

Details of Founder/Organisation Representative

Surname Title
 First Names
 ID No /OR Passport No
 Nationality Is Founder a Trustee? Yes No

FOUNDER 3

Organisation Details (If Founder is an Organisation)

Organisation Name
 Registration Number

Details of Founder/Organisation Representative

Surname Title
 First Names
 ID No /OR Passport No
 Nationality Is Founder a Trustee? Yes No

SECTION 6:TRUSTEES SUMMARY

No.	Trustee Type(*) Indi / Org	Trustee Full Name /Organisation Name	ID/ Passport/ Registration No	Representative Full Name	Representative ID/ Passport
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

- Trustee Types: Organisation/Individual
- Names must be written as on the ID / Passport
- **Please insert Acceptance of Trusteeship Forms below this page**

