

TRUST INFORMATION FORM



Please complete the following information

Propose Name of Trust

Address of Trust

Bank Name* Branch Name

* We understand that a bank account cannot be opened until the trust us registered. At this stage, we only require the name of the bank and branch where the trust intends to open its bank account once it is registered.

FOUNDER'S DETAILS	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Postal Address:	
Is the Founder a Trustee? Yes <input type="checkbox"/> No <input type="checkbox"/>	

TRUSTEES' DETAILS

Please Note: At least one **independent** trustee is required.
Only complete the relevant sections below

TRUSTEE 1	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Postal Address:	

TRUSTEE 2	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Postal Address:	

TRUSTEE 3	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Postal Address:	

BENEFICIARIES' DETAILS

BENEFICIARY 1	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	
<i>If the Beneficiary is a minor, please complete the following information:</i>	
Guardian's Full Name	
Guardian's Identity No / DOB (if foreign):	

BENEFICIARY 2	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	
<i>If the Beneficiary is a minor, please complete the following information:</i>	
Guardian's Full Name	
Guardian's Identity No / DOB & Passport (if foreign):	

BENEFICIARY 3	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	
<i>If the Beneficiary is a minor, please complete the following information:</i>	
Guardian's Full Name	
Guardian's Identity No / DOB & Passport (if foreign):	

BENEFICIARY 4	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	
<i>If the Beneficiary is a minor, please complete the following information:</i>	
Guardian's Full Name	
Guardian's Identity No / DOB & Passport (if foreign):	

send your completed form via email to info@easytrusts.co.za or by fax to **086 611 8364**