



INFORMATION REQUIRED TO DRAFT DEED OF TRUST

NAME OF TRUST: _____

TYPE OF TRUST: FAMILY PROPERTY SHARE

1. FOUNDER:

1.1 FULL NAMES: _____

1.2 ID NUMBER: _____

2. TRUSTEES:

2.1 TRUSTEE NO.1

2.1.1 FULL NAMES: _____

2.1.2 ID NUMBER: _____

2.1.3 OCCUPATION: _____

2.1.4 PHYSICAL ADDRESS: _____

POSTAL CODE: _____

2.1.5 POSTAL ADDRESS: _____

POSTAL CODE: _____

2.1.6 TELEPHONE: (H) _____ (W) _____

2.1.7 INCOME TAX
REFERENCE NUMBER: _____

2.2 TRUSTEE NO.2

2.2.1 FULL NAMES: _____

2.2.2 ID NUMBER: _____

2.2.3 OCCUPATION: _____

2.2.4 PHYSICAL ADDRESS: _____

POSTAL CODE: _____

2.2.5 POSTAL ADDRESS: _____

POSTAL CODE: _____

2.2.6 TELEPHONE: (H) _____ (W) _____

2.2.7 INCOME TAX
REFERENCE NUMBER: _____

2.3 TRUSTEE NO.3

2.3.1 FULL NAMES: _____

2.3.2 ID NUMBER: _____

2.3.3 OCCUPATION: _____

2.3.4 PHYSICAL ADDRESS: _____

POSTAL CODE: _____

2.3.5 POSTAL ADDRESS: _____

POSTAL CODE: _____
2.3.6 TELEPHONE: (H) _____ (W) _____
2.3.7 INCOME TAX
REFERENCE NUMBER: _____

3. ALTERNATIVE TRUSTEES

3.1 FOR TRUSTEE 1 _____
3.2 FOR TRUSTEE 2 _____

4. CAPITAL BENEFICIARIES

(PERSONS ENTITLED TO TRUST ASSETS)

4.1 BENEFICIARIES NO.1

4.1.1 FULL NAMES: _____
4.1.2 ID NUMBER: _____
(DATE OF BIRTH IF ID NUMBER IS NOT AVAILABLE)

4.2 BENEFICIARIES NO.2

4.2.1 FULL NAMES: _____
4.2.2 ID NUMBER: _____
(DATE OF BIRTH IF ID NUMBER IS NOT AVAILABLE)

4.3 BENEFICIARIES NO.3

4.3.1 FULL NAMES: _____
4.3.2 ID NUMBER: _____
(DATE OF BIRTH IF ID NUMBER IS NOT AVAILABLE)

4.4 BENEFICIARIES NO.4

4.4.1 FULL NAMES: _____
4.4.2 ID NUMBER: _____
(DATE OF BIRTH IF ID NUMBER IS NOT AVAILABLE)

4.5 BENEFICIARIES NO.5

4.5.1 FULL NAMES: _____
4.5.2 ID NUMBER: _____
(DATE OF BIRTH IF ID NUMBER IS NOT AVAILABLE)

5. TRUSTEES WHO MUST HAVE SIGNING AUTHORITY ON ALL DOCUMENTATION: _____

6. BENEFITTING AGE OF BENEFICIARIES

MINIMUM AGE UPON WHICH ASSETS MAY BE TRANSFERRED TO A BENEFICIARY:
21 25 OTHER: _____

7. TERMINATION DATE OF THE TRUST

TRUST WILL BE TERMINATED:

7.1 ON THE DEATH OF THE SURVIVOR OF THE HUSBAND OR WIFE: YES NO
7.2 IN THE DISCRETION OF THE TRUSTEES: YES NO
7.3 OTHER: _____

8. ACCOUNTING OFFICER

INFORMATION REGARDING THE ACCOUNTING OFFICER HEREBY APPOINTED BY THE TRUSTEES IS AS FOLLOWS:

NAME OF COMPANY:

NAME OF PERSON RESPONSIBLE:

POSTAL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

SIGNATURE

NAME

DATE

9. OTHER INSTRUCTIONS:

10. AGREEMENTS REQUIRED:

10.1 FURNITURE

10.2 INVENTORY:

10.3 VEHICLES

10.3.1 DETAILS:

10.4 IMMOVABLE PROPERTY

10.4.1 DETAILS:

11. BANK ACCOUNT FOR TRUST TO BE OPENED AT:

11.1 BANK NAME:

11.2 BRANCH OF BANK:

12. THE FOLLOWING DOCUMENTS ARE REQUIRED WITH THIS APPLICATION:

12.1 CERTIFIED ID COPIES OF THE FOUNDER, BENEFICIARIES AND TRUSTEES.

12.2 PROOF OF RESIDENCE OF ALL TRUSTEES. (FOR EXAMPLE: TELEPHONE- OR WATER & ELECTRICITY ACCOUNT)

ADDITIONAL INFRMATION