



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: \_\_\_\_\_

2.3.5 POSTAL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: (W)

\_\_\_\_\_

2.3.6 TELEPHONE:

(H) \_\_\_\_\_

\_\_\_\_\_

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. 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

**13. OTHER INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. AGREEMENTS REQUIRED:**

14.1 FURNITURE

14.2 INVENTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.3 VEHICLES

14.3.1 DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.4 IMMOVABLE PROPERTY 14.4.1

DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. BANK ACCOUNT FOR TRUST TO BE OPENED AT:**

15.1 BANKNAME: \_\_\_\_\_

15.2 BRANCH OF BANK: \_\_\_\_\_

**16. THE FOLLOWING DOCUMENTS ARE REQUIRED  
WITH THIS APPLICATION:**

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

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

**ADDITIONAL INFORMATION**

