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South African Institute of Professional Accountants

RIAAN EKSTEEN
PROFESSIONAL ACCOUNTANTS AND FINANCIAL CONSULTANTS

INFORMATION REQUIRED OF THE TRUST

Name of Trust :

Type of Trust :

Main object of the Trust:

Registered Physical address of Trust:

Postal code:

Postal address:

Name of Auditors:

Financial Year End: (usually end of February)

Contact number:

Email:

Bank Particulars – Name of bank:

Branch code & name:

Acc no:

Type of account:

Trust registration number:

Tax number: Registered

VAT NO: Registered

PAYE no: Registered

UIF NO: Registered

Compensation Fund No: Registered

Information required of each Trustee

Trustee 1

SURNAME:

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

Tax number:

CELL NO:

Email:

Trustee 2

SURNAME:

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

Tax number:

CELL NO:

Email:

Trustee 3

SURNAME:

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

Tax number:

CELL NO:

Email:

Information required of each Beneficiary

Beneficiary 1

SURNAME

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

Email:

Beneficiary 2

SURNAME

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

Email: