PLEASE COMPLETE THIS FORM IN THE NAME OF THE ENTITY TO WHICH THE INVOICE IS TO BE ADDRESSED AND ATTACH COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS:

Trust Deed
Letters of Authority
Trustee/s resolution aut

Trustee/s resolution authorising person/s to act

VAT confirmation, if applicable

Proof of office address, if applicable

Please complete one beneficiary section per Beneficiary of the trust **referred to by name** in the Trust Deed

Please complete the details of the Founder of the Trust

Please complete one trustee section per Trustee

Certified colour copy of Identity Document of each Trustee

Proof of residential address of each Trustee

Certified ID copy of each beneficiary referred to by name in the Trust Deed

Fee earner:			Gro	up code	
TRUST NAME:					
		South African Trust			
		Non So	outh A	African Trust	
Trust Number:		I.T			
Income Tax Number of the Trust					
Master of the High Court- where trust is registered eg. Pretoria/Marshalltown etc.					
VAT Registration Number of the Trust					
	Numl	ber			
	Building name		е		
Business / Office Address for the Trust	Street name				
	Suburb				
	City				
Postal Address to which all correspondence is to be addressed for the Trust					
					Postal code :
Business Telephone Number	<u> </u>				
Business Telefax Number					
Contact Person					
Email Address					
	•				

DETAILS OF TRUSTEE (s)	South African Citizen
(Please complete for each Trustee)	Non South African Citizen

Surname	
First Name	
Identity/Passport Number	
Income Tax Number:	
Residential Address	
Postal Address	
Email Address	
Home Telephone Number	
Business Telephone Number	
Cell Phone Number	
Business Telefax Number	

DETAILS OF BENEFICIARY(s)	South African Citizen
(Please complete for each beneficiary)	Non South African Citizen
Surname	
First Name	
Identity/Passport Number	
Residential Address	
Postal Address	
Email Address	
Home Telephone Number	
Business Telephone Number	
Cell Phone Number	
Business Telefax Number	

DETAILS OF THE FOUNDER OF THE	South African Citizen
TRUST	Non South African Citizen
Surname	
First Name	
Identity/Passport Number	
Residential Address	
Postal Address	
Email Address	
Home Telephone Number	
Business Telephone Number	
Cell Phone Number	
Business Telefax Number	
Source of funds for payment for services e.g. Name of bank account and confirm whether Cheque account / credit account/ other. If other please specify.	
Contents confirmed by	Date20

VERIFICATION OF RESIDENTIAL AND /OR BUSINESS ADDRESS FOR FICA PURPOSES

Any document/account/bill/statement of account which is addressed to the client by a third party and which shows the client's residential and/or business address is suitable as verification of the address.

This document must not be older than three months.

Examples of the documents:

- Utility bill i.e. a rates and taxes account from the local municipality in respect of the residential and/or business property
- where a client rents his residential and/or business property, a copy of the lease or rental agreement between the client and the rental agent/owner of the property resides and wherein the address of that property is stated
- for properties in sectional title, cluster or share-block developments, a levy certificate which has been issued to the client by the body corporate, home owners association or managing agent in respect of the unit
- a security firm account or contract
- a SARS document i.e. an official tax return; an official tax assessment or official correspondence from the local revenue services
- a newspaper invoice
- a traffic fine
- an account from a retail store e.g. Woolworths, MTN, Vodacom, Telkom
- a TV licence account
- bank statement
- mortgage bond statement
- a recent short-term insurance policy or a renewal letter (less than one year old)

In the event that client does not have any documents addressed to his residential and/or business address or reflecting such address then:

an affidavit in which the client states her or his residential and/or business address.