Application form for a Trust

PAARL AFRICAN TRUST

1. Send in by: _____
Contact Number: _____
E-mail Address: _____

1. Name of the Trust _____

2. Founder
Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

3. Trustees
Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

4. Beneficiaries
Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____
Residential Address _____
_____

5. Bank Account

Bank Name: _____
Account Number: _____
Branch: _____

6. Accountant

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____

7. Contact Person

Surname _____
Full Names _____
ID Number _____
Contact Number _____
E-mail Address _____

8. Notes

_____
_____
_____
_____
_____
_____
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