

Client No: _____

Matter code: _____

Responsible person: .

FICA SCHEDULE:
TRUST

Name of Trust: _____

No. of Trustees: _____

Documents attached:	
	Trust Deed (Certified Copy)
	Letters of Authority (Certified Copy)
	Proof of Tax Reference Number
	Proof of Vat Registration Number

Founder:

Name: _____

Identity Number: _____

Documents attached:	
	Identity Document (Original Certified Copy)
	Proof of residential address (Certified Copy) Not older than 3 months

Trustee (1):

Name: _____

Identity Number: _____

Documents attached:	
	Identity Document (Original Certified Copy)
	Proof of residential address (Certified Copy) Not older than 3 months

Trustee (2)

Name: _____

Identity Number: _____

Documents attached:	
	Identity Document (Original Certified Copy)
	Proof of residential address (Certified Copy) Not older than 3 months

Beneficiary (1)

Name: _____

Identity Number: _____

Documents attached:	
	Identity Document (Original Certified Copy)
	Proof of residential address (Certified Copy) Not older than 3 months

NB: Identity document, utility bill and income tax number must be attached for each of the trustees and beneficiaries of the Trust.