



REPUBLIC OF SOUTH AFRICA

Complete in duplicate

ACCEPTANCE OF TRUST AS EXECUTOR

Estate No.

A. I (full names and surname)

Residential address..... Business address.....

.....

.....

.....

Telephone number(s) Telephone number(s)

.....

Identity No. Relationship to deceased.....

(An originally certified copy of the applicant's Identity Document must accompany this form)

hereby apply for appointment as Executor in the estate of:

Full names and surname.....

Date of birth Date of death

Identity No. Income tax ref. No.....

District in which deceased normally resided.....

Name of surviving spouse

.....

B. For the purpose of this executorship I declare the following:

- I choose *domicilium citandi et executandi* for the purpose of service of process of court, writs of execution and the receipt of all notices contemplated in the Administration of Estates Act, No. 66 of 1965 (as amended), at (not P.O. Box number):
- I understand the duties and penalties applying to the office of Executor which have been explained to me.
- I am not an unrehabilitated insolvent. Nor have I at any time committed an act of insolvency. [Note section 8 of the Insolvency Act, No. 24 of 1936 (as amended)].
- A Bond of Security to the value of R..... for the full value of the estate is attached.
- I am exempt from furnishing security.
- I am permanently residing in the Republic of South Africa, and I undertake to advise the Master of the High Court immediately should my estate or that of a person who has signed as surety for the Bond of Security be sequestrated, or commit an act of insolvency, or should I proceed to reside outside the Republic of South Africa.
- The name and address of my agent is.....
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- I fully understand that my appointment of an agent does not release me from my responsibilities as required by law.

C. Signed at.....on year
Applicant Name and Surname.....
Applicant Signature