



REPUBLIC OF SOUTH AFRICA

Complete in duplicate

ACCEPTANCE OF TRUST AS EXECUTOR

Estate No.

A. I/We (full names and surname)
 Residential address..... Business address.....

 Telephone number(s) Telephone number(s)

Relationship to deceased.....

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 (in case of deceased having been a married woman)

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

- I/we 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/we understand the duties and penalties applying to the office of Executor which have been explained to me/us.
- I am/we are not (an) unrehabilitated insolvent(s). Nor have I/we 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/will be forwarded in due course.
- I am/we are exempt from furnishing security.
- I am/we are permanently residing in the Republic of South Africa, and I/we undertake to advise the Master of the Supreme Court immediately should my/any of our estate(s) 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/any one of us proceed to reside outside the Republic of South Africa.
- The name and address of my/our agent is.....

- I/we fully understand that my/our appointment of an agent does not release me/us from my/our responsibilities as required by law.

Applicants

Witnesses

1. 1.
 2. 2.

C. Signed in my presence at.....on year

.....
Signature: Magistrate or other responsible person

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Capacity

* Delete if not applicable