

ACCEPTANCE OF TRUST AS EXECUTOR

TO THE MASTER OF THE HIGH COURT

I/We (full names)

Residential address and telephone number(s)	Business address and telephone number(s)
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Relationship to deceased

hereby apply for appointment as Executor testamentary/dative in the estate of

Full name

Date of birth Date of death

Income tax reference number Identity Number

Name of surviving spouse (in case of deceased having been a married woman)

(1) 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 Act 66 of 1965, at (not P.O. Box No.)

(2) I/We understand the duties and penalties applying to the office of Executor in terms of Act 66 of 1965 which have been explained to me/us.

(3) 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 Act 24 of 1936).

(4) A Bond of Security to the value of R for the full value of the assets of the estate is attached/ *will be forwarded in due course. *I am/We are exempt from furnishing security.

(5) I am/We are permanently resident in the Republic of South Africa and I/we undertake to advise the Master of the High 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 sequestered or commit an act of insolvency or should I/any one of us proceed to reside outside the Republic of South Africa.

(6) The name and address of my/our agent is

(7) I/We fully understand that my/our appointment of an agent does not release me/us from my/us from my/our responsibilities as required by law.

<i>Applicant(s)</i>	<i>Witnesses</i>
(1) <input type="text"/>	(1) <input type="text"/>
(2) <input type="text"/>	(2) <input type="text"/>

I, (full names)

the husband of

to whom I am married in/out of community of property without exclusion of my marital powers, do hereby consent in terms of Section 17 of Act 66 of 1965 to her being appointed executrix.

Signature of husband as applicant

SIGNED in my presence at on

Signature of Magistrate or other responsible person, stating capacity

**Delete whichever is not applicable.*