

QUESTIONNAIRE FOR AN EXECUTOR OF A DECEASED ESTATE

IN ORDER TO COMPLY WITH THE FINANCIAL INTELLIGENCE CENTRE ACT AND PROTECTION OF PERSONAL INFORMATION ACT

TO BE USED FOR ANY TYPE OF TRANSACTION

Please return this questionnaire and provide us with the following documents: (we need this as soon as possible)

1. A clear copy of the ID or Passport of all executors who have been appointed for this estate.
2. A clear copy of any statement or account reflecting the residential address of each executor, which is not older than 3 months. An emailed account will do. If you do not have such a document, please advise and we will then send you alternative documentation to complete.
3. A clear copy of the Estate Late bank account statement for payment of all monies relating to the transaction. A letter from the bank will also do.
4. A clear copy of Letters of Executorship.

ORIGINALS OF THE ABOVE DOCUMENTS MUST BE PROVIDED WHEN WE SEE YOU TO SIGN TRANSFER DOCUMENTS

5. What is the full name and ID number of the deceased?

6. What is the master's Reference (Estate Number) of the Estate?

7. At which master's Office was the Estate reported (eg: Cape Town, Bloemfontein, Pretoria, etc.)?

8. For each executor, please provide the following information:

Full Name: _____

Identity No.: _____

Address: _____

Tel no: _____

Email address: _____

Full Name: _____

Identity No.: _____

Address: _____

Tel no: _____

Email address: _____

Full Name: _____

Identity No.: _____

Address: _____

Tel no: _____

Email address: _____

9. Please confirm the type of transaction you intend to carry out on behalf of the Estate, e.g. purchase a property / sell a property, etc.

10. Have the Heirs consented to the transaction yet? YES NO

If YES, kindly furnish us with copies of the consent.

11. If you are selling a property, and if the property is bonded, which bank holds the bond and what is the bond account number?

Bank: _____

Bond Account number: _____

12. You hereby consent to the processing (use) of your personal information by Miltons Matsemela Attorneys for the purposes of carrying out our instruction. This consent specifically includes the right to obtain and utilize your bank account details as these details will be required either to ensure that you receive payments or refunds due to you or that any payments due to you are debited or credited to the correct account. This consent is furnished on condition that this personal information shall be used and processed in accordance with the Protection of Personal Information Act. It also allows us to add you to our data base for future marketing purposes until you advise us otherwise.

SIGNED AND DATED ON _____ (date)

EVERY EXECUTOR TO SIGN HERE:

Name:

Signature:

This form must be completed and returned by email as soon as possible. The original may be signed when you sign your transfer documents.