

APPLICATION FORM FOR EXECUTOR BOND

1.	APPLICANT
1.1	Surname :
1.2	Full names :
1.3	Identity number :
1.4	Practitioner number :
1.5	Fidelity fund certificate number :
1.6	Residential address :
	Code :
1.7	Cell number :
1.8	Work telephone number :
1.9	Work email address :
1.10	Are you a practising attorney? YES NO
1.11	When were you admitted as an attorney?
1.12	Have you previously been appointed as an executor, curator, liquidator or trustee?
(a)	If, YES, please provide a list for the past 3 years :

(a) If YES, please provide details :		
	_	
	_	
	_	
1.14 Has the Master ever disallowed your fees relating to an appointment referred to in 1.12?		
(a) If YES, please provide details :		
	_	
1.15 Number of years' experience as an executor :yearsmonths		
If less than 2 years', provide proof of experience, education or mentorship.		
1.16 PLEASE ATTACH APPLICANT'S ABRIDGED CURRICULUM VITAE		
1.17 Are you being appointed as an agent or executor? Agent Executor		
1.18 By whom are you nominated? In terms of a will Family Master		
Court Order		



1.19 Are you the SOLE executor of this estate?	YES NO	
 If NO, the co- executor, who must be a practising attorney, should complete a separate application form. J262 E must be co-signed by both applicants. 		
1.20 Are you / is your firm personally responsible for the day to day administration of the estate?	YES NO	
1.21 Has a claim been made against you or the firm relating to a previous estate administrated by you or the firm?	YES NO	
(a) If YES, please provide details :		
1.22 Do you have any direct or indirect interest in this estate other than executor fees?	YES NO	
(a) If YES, please provide details :		
1.23 Have you made application for an executor bond with an institution other than the AIIF in the past three years?	YES NO	
(a) If YES, state name of institution (s) and estate name(s):		



1.24 Has any previous application for an executor bond with the AIIF or other institution been declined?	YES NO
(a) If YES, please provide details :	
1.25 Have you ever been declared insolvent or has your personal estate been placed under administration?	YES NO
 If YES, please provide proof of rehabilitation or release from administration. 	
1.26 Have you (or the person who will be assisting with the estate within your firm):	9
1.26.1 ever been found guilty (by a court of law or professional regulatory body) of an offence involving an element of dishonesty?	
1.26.2 been struck off the roll of practising attorneys o suspended or interdicted from practice?	YES NO
1.26.3 any outstanding criminal cases or civil lawsuits or any regulatory disciplinary matters pending?	YES NO
(a) If YES, please provide details :	
1.27 Is there any other material factor that you wish to bring to the AllF's attention?	

2.	FIRM		
2.1	1 Name of firm :		
2.2	? Firm number :		
2.3	Number of partners/ directors :		
2.4	4 Physical address :		
		Code :	
2.5	5 Postal address :		
	Code:		
2.6	Telephone number :		
2.7	Fax number :		
2.8	Does your firm have misappropriation of trust monies insurance?	YES NO	
•	If YES, please, state insurer and the limit of Indemnity.		
3.	. DECEASED		
3.1	1 Surname :		
3.2	2 Full names :		
3.3	Identity number :		
3.4	Date of birth :		
3.5	Date of death :		

A copy of the death certificate must be attached to this app	A copy of the death certificate must be attached to this application form.	
3.6 At which Master's office was the estate reported?	Province :	
	Division :	
3.7 Master's reference / Estate number :		
3.8 Did the deceased die testate or intestate?	Testate	
If testate a copy of the will must be attached to this application form.	Intestate	
3.9 In terms of the inventory please advise the following :	Assets : R	
 A copy of the inventory must be attached to this application. 	Liabilities : R	
3.10 Would appropriate insurance for the insurable assets in the estate be in place on your appointment?	YES NO	
Please refer to clause 3.3.3 of the terms and conditions.		

The following documents are required for a bond to be issued:

- 1. A covering letter on the applicant's official company letterhead;
- Proof of practice or firm number;*
- 3. Proof of practitioner or member number;
- 4. The original form J262E (Bond of Security) which must be completed and signed by the applicant, whose signature must be attested to by two witnesses;
- 5. Copy of the will (if applicable);
- 6. Copy of certified death certificate (a copy of the death notice, if there is no death certificate);
- 7. Copy of court order (if applicable);
- 8. Inventory or statement of assets & liabilities of the estate;
- 9. Copy of any directions from the Master as to the security required;
- 10. Proof of Master's estate reference number;
- 11. Nomination forms by the beneficiaries/person appointing the applicant as executor;
- 12. The executor's acceptance of trust as executor;
- 13. A certified copy of the executor's identity document;
- 14. The executor's current fidelity fund certificate;
- 15. If applicant is not a director/partner a letter on the firm's letterhead signed by one of the partners confirming that the appointee is employed by the firm and has been authorised to apply for bonds of security in the name of the firm and to administer the estate on behalf of the firm. This letter must be accompanied by the certified current fidelity fund certificate of the partner/director;
- Applicant's abridged curriculum vitae (CV);
- 17. A resolution as contemplated in clause 3.10 of the terms and conditions, where applicable.
 - ✓ The application documents may not be faxed or emailed.
 - ✓ The application forms and requirements are available on our website www.aiif.co.za.

^{*}This may be obtained from your law society.



Alternatively you may contact:

- Ms Haniffah Mbela on 012 622 3926 email haniffah.mbela@aiif.co.za
- · Ms Patricia Motsepe on 012 622 3927 email patricia.motsepe@aiif.co.za
- · Mr Mpho Shibambo on 012 622 3939 email mpho.shibambo@aiif.co.za
- · Mr Sifiso Khuboni on 012 622 3935 email sifiso.khuboni@aiif.co.za

I hereby declare that to the best of my knowledge and belief, the information provided in this application is true in every respect, and will form the basis of the agreement between myself and the AIIF. If any information herein is not true and correct, or if any relevant information has not been disclosed, the AIIF will be entitled to make use of all rights and remedies available to it in terms of the law.

DATED AT ON	THIS DAY OF 20
WITNESS (Full names & signature)	APPLICANT (Full names & signature)
WITNESS (Full names & signature)	