

UNDERTAKING BY AUDITOR/ACCOUNTANT (Inter-Vivos Trust)

I (Full names	and sur	name)															
ID/ Passport	No:																	
Representativ	e of Or	ganisa	ation	(If App	icable)													
Registration N	umber	(If Ap	plical	ole)														
Accreditation	Body:																	
Accreditation	Registr	ation I	No															
Hereby under	ake to	act as	s Aud	itor/Aco	countar	nt of th	ne Trus	st knov	vn as:									
I choose the f	ollowing	g addr	ess:															
Domicillium Citandi et executandi (physical address)													Addre	ss				
Tel:																		
E-mail:										UND								
I am qualified	to act a	s Aud	ditor/ <i>F</i>	Accoun	tant of								Maste	ər:				
• Should	I cease	to ac	ct in th	ne abo	e Trus	st											Yes	
• The na	me of th	ne nev	w Aud	ditor/Ac	counta	ant sho	ould I b	e awa	re ther	eof							Yes	
• Should	I there	be a	ny ch	anges	in the c	capital	\incom	ie ben	eficiari	es in th	is trus	t					Yes	
Should the Trust not have been administered in accordance with the terms and conditions of the trust deed															Yes			
Of any substantial addition, to the capital and assets of the trust and value thereof													Yes					
Provide reaso	n if any	of the	e abo	ve cou	d NOT	be ar	nswere	ed Yes	:									
Date											Signature of Auditor/Accountant							