

# Trust Transfer and Information Request

## Name of Trust

The

Trust

## Existing Trustee

Name

Contact  
Person

Physical Address

Tel Number  
Fax Number

## Details of Settlor(s) / Relevant Person/(s)

### Settlor

Full Name

Date of Birth

\_\_/\_\_/\_\_

Physical Address

Tel Number  
Fax Number

### Joint Settlor (if applicable)

Full Name

Date of Birth

\_\_/\_\_/\_\_

Physical Address

Tel Number  
Fax Number

## TO: THE TRUSTEES OF THE TRUST

I confirm that I am the Relevant Person listed above.

I hereby wish to request that trusteeship is transferred to FirstRand Trustees Limited and authorise you to provide FirstRand Trustees Limited with copies of any documents to which I am entitled to receive under either the terms of the Trust Deed or pursuant to any relevant law (including but not limited to copies of the Trust Deed and any supplemental deeds).

Should you have any questions in relation to this request, please contact in the first instance:

FirstRand Trustees Limited  
(Acceptance of New Trusts Department / Private Client Department)  
PO Box 602  
La Plaiderie House  
La Plaiderie  
St Peter Port  
Guernsey GY1 4NL  
Tel +44 (0) 1481 748100  
Fax +44 (0) 1481 700222  
E-mail: enquiries@firstrandtrustees.com

Signed by  
the Relevant Person

Date