



Aon South Africa (Pty) Ltd
Risk Consultants and Insurance Brokers
Actuarial, Healthcare & Retirement Funding Consultants
PO Box 1874, Parklands, 2121, Gauteng
The Place, 1 Sandton Drive, Sandhurst, Sandton, 2196
Johannesburg, South Africa
Telephone: +27 11 944 7000
Fax: +27 11 944 8000

FACSIMILE TRANSMISSION

TO: **ATTENTION:**
FAX NO: **DATE:**
FROM: JULIA CEBEKULU **NO. PAGES INCL**
COVER: 5

CONFIDENTIALITY

If you are not the intended recipient of this facsimile, then any dissemination or usage of this communication is strictly prohibited. Please notify us immediately by telephone and return the original message to the address below at our cost.

Dear Sirs

APPLICATION FOR COURT BOND

Thank you for your enquiry.

We enclose a copy of the requisite application form as requested.

The documents we require are as follows: -

- i) The applicant's Firm letterheads;
- ii) Form J262E (Bond of Security) (enclosed), which must be completed and signed by the appointee – whose signature must be attested by two witnesses.
- iii) Copy of Will (if applicable);
- iv) Copy of Death Certificate / Notice;
- v) Copy of court order (if applicable);
- vi) Inventory or Statement of assets & liabilities of the estate.
- vii) Copy of any directions from the Master as to the security required;
- viii) The executor's acceptance of trust as executor;
- ix) A copy of the executor's identity document;

x) The executor's current Fidelity Fund Certificate.
If applicant is not a director/partner a letter on the Firm's letterhead by one of the Partners confirming that the appointee is employed by the firm and has been authorised to apply for bonds of security. This letter must be accompanied by the current Fidelity Fund Certificate of the partner/ director.

This bond is granted free of charge to all **practising attorneys** as a service to the profession. It is not intended to replace existing bonds, in other words if you have already obtained a bond from another insurer, which you intend to replace with a bond from the Attorneys Insurance Indemnity Fund, your application will be declined. Please ensure that you address this aspect in clause 8 of the annexure. This facility is only available where the practising attorney is the executor and not, should he act on behalf of a designated executor.

We issue up to R5m per bond and R20m per firm, per year.

Please note that the bonds are furnished to you on the strict understanding that the security provided is **only** in respect of your appointment as executor.

Please note that an important condition which attaches to the granting of the bond is that the applicant takes responsibility for ensuring that the Attorneys Insurance Indemnity Fund is formally released from liability when the security provided by the bond is no longer required.

We trust you will find the above in order.

Yours faithfully

JULIA CEBEKULU

AON PROFESSIONAL RISKS

Tel. Line: (011) 329-1941

Fax line: (086) 639-2707

E-mail: jcebekulu@glenrandmib.co.za

/Encl.

Administration of Estates Act,
No. 66 of 1965
(As amended)

J262E

UNDERTAKING AND BOND OF SECURITY

By INTERIM CURATOR/EXECUTOR/FOREIGN EXECUTOR/TUTOR/CURATOR

In the estate of

I/We

[Full name(s)]

of

.....
[Full residential and business address(es)]

do hereby undertake and bind myself/ourselves jointly and severally should I/we be appointed by the Master of the (Western Cape High Court, Cape Town) to administer the above estate and/or liquidate and distribute the assets thereof as INTERIM CURATOR(S) and/or EXECUTOR(S) or FOREIGN EXECUTOR(S) or TUTOR(S) or CURATOR(S) properly according to law and to pay to the Master of the (Western Cape High Court, Cape Town) on demand an amount up to R..... (..... rand) as the Master may claim from me/us in respect of any loss or damage as may be suffered by the said estate or by the minor(s) or person under curatorship or by any other person by reason of the fact that I/we failed to perform properly my/our functions in the above capacities or because of any maladministration on my/our part.

A certificate under the hand of the Master or his duly authorised representative to the effect that I/we failed to discharge my/our functions as aforesaid and stating the amount of such loss or damage shall be accepted as *prima facie* proof of such failure and of the extent of such loss or damage.

I/We chose as my/our *domicilium citandi et executandi* and for the purpose of the service of any notices or for the service of any legal process the following address (not a post box number):

.....

SIGNED at thisday of20.....

AS WITNESSES:

1. 1.....

2. 2.....

Signature(s)

(a woman married in community of property or without exclusion of marital power, must be assisted by her husband).

AS WITNESSES:

1.

Husband

2.

**ATTORNEYS INSURANCE INDEMNITY FUND
"A Non Profit Company"**

REGISTRATION NO. 93/03588/08

**COURT BOND FACILITY FOR ATTORNEYS
APPLICATION FOR COURT BOND**

Name of Applicant in full :		Identity number:	
Business Address :			
Residential Address :			
Name of Practice :			
Position:		No. of Partners:	
No. of years experience as a Practising Attorney:		No. of years experience as an executor: (Winding up of estates)	
1.	Name of Estate		
2.	Master reference and Office		
3.	Amount of	(i) assets	(i) R) a copy of the inventory must be
		(ii) liabilities	(ii) R) enclosed with this Application
4.	State capacity in which applicant is to act, and by whom appointed.		
5a)	Are you, the practising attorneys, the SOLE EXECUTOR to this estate?		YES / NO
5b)	Are you / is your practice personally responsible for the day to day administration of the Estate?		YES / NO
5c)	Should your answer be NO to question 5b, we would require more detail of the person dealing with the matter and their profession. IF NOT an attorney then confirm that you will at all times exercise the necessary control over the handling of the Estate.		
6.	Did the deceased die testate or intestate?		Testate / Intestate (A copy of the Death Notice and, if testate also a copy of the Will <u>must</u> be enclosed with this Application).
7.	How long do you anticipate that your duties will last?		

<p>8. Have you ever: (i) been declared insolvent or have you ever entered into an agreement of compromise with your creditors? (ii) been removed from office in respect of any appointment?</p>	<p>(i) YES/NO (full details must be given in respect of any affirmative answer) (ii) YES / NO</p>
<p>9. Have you previously made application for a court bond? If so, state name of insurer and outcome of the application.</p>	
<p>10. Has any Master of the Court ever disallowed your fees when holding an appointment? If so, give full particulars.</p>	

DECLARATION

I agree that if the bond is granted:

1. To furnish copies to the *ATTORNEYS INSURANCE INDEMNITY FUND* or their agents, *GLENRAND MIB* of all account rendered to the Master and to keep the *ATTORNEYS INSURANCE INDEMNITY FUND* or their agents AND *GLENRAND MIB* fully informed on what is being done in the estate.
2. That all funds of the estate will be invested strictly in securities authorised by law.
3. To furnish the *ATTORNEYS INSURANCE INDEMNITY FUND* or *GLENRAND MIB* annual audit certificates completed by my/our external auditors verifying the continued existence of property/securities handled by me as executor.
4. To take all steps necessary to ensure that the *ATTORNEYS INSURANCE INDEMNITY FUND* is formally released from all liability in terms of the bond, before the estate is filed of record.

I hereby declare that the answers given above are to the best of my knowledge and belief true in every respect and I agree that this application shall form the basis of the arrangement between myself and the *ATTORNEYS INSURANCE INDEMNITY FUND*, should the application be accepted.

DATED AT ON THIS DAY OF 20.....

WITNESS
APPLICANT

WITNESS