COMMUNITY BENEFICIARY TRUST

OFFICIAL TRUSTEE NOMINATION & SUPPORT PETITION FORM

FORM REF: CBT-NOM-2026

Version 1.0

Instructions for Completing this Form:

- This nomination form must be completed by community beneficiaries supporting the candidacy of a Trustee.
- Section 1 & 2 must detail the Nominee and Primary Nominator. Section 3 must contain signatures of supporting beneficiaries.
- All supporting nominators must be verified members/beneficiaries of the designated community trust.

SECTION 1: DETAILS OF NOMINEE (PROPOSED TRUSTEE)

Full Name: _____

ID / Passport No: _____ **Date of Birth:** _____

Physical Address: _____

Contact Number: _____ **Email Address:** _____

Occupation / Profession: _____

Nominee Acceptance & Consent:

I, the undersigned nominee, hereby accept the nomination to serve as a Community Beneficiary Trustee. I confirm that I meet all statutory and trust deed eligibility criteria and have no disqualifying criminal record or legal restrictions.

Nominee Signature: _____ **Date:** _____

SECTION 2: DETAILS OF PRIMARY NOMINATOR (PROPOSER)

Full Name: _____ **ID / Passport No:** _____

Physical Address: _____

Contact Number: _____ **Email Address:** _____

SECTION 3: SUPPORTING NOMINATORS (COMMUNITY BENEFICIARIES PETITION)

We, the undersigned qualifying community beneficiaries, hereby endorse and support the nomination of the individual named in Section 1 to serve as a Trustee of the Community Beneficiary Trust.

#	FULL NAME	PHYSICAL / RESIDENTIAL ADDRESS	CONTACT NO.	EMAIL ADDRESS	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					

SECTION 3: SUPPORTING NOMINATORS (CONTINUED)

FORM REF: CBT-NOM-2026

Nominee Name: _____

#	FULL NAME	PHYSICAL / RESIDENTIAL ADDRESS	CONTACT NO.	EMAIL ADDRESS	SIGNATURE
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SECTION 4: PRIMARY NOMINATOR DECLARATION & VERIFICATION

DECLARATION OF AUTHENTICITY

I, the Primary Nominator listed in Section 2, hereby declare that to the best of my knowledge, all individuals listed above are bona fide beneficiaries of the Community Beneficiary Trust, and that their details and signatures were obtained voluntarily in support of this nomination.

Signature of Primary Nominator

Date (DD / MM / YYYY)

Submission Deadline & Instructions:

Please submit completed nomination forms along with a copy of the Nominee's ID document and CV to:

Sibona Ilanga Trust Office | Email: applications-sit@sibonailangatrust.co.za

All signatures are subject to verification