

# CORPORATE AFFAIRS COMMISSION



## FORM CAC/IT 3

### CHANGE OF TRUSTEES PURSUANT TO SECTION 682

<b>NAME OF ORGANISATION</b>	<input type="text"/>
<b>CERTIFICATE NO</b>	<input type="text"/>
<b>FILE NO</b>	<input type="text"/>

#### A. NAME(S) OF PRESENT TRUSTEE(S)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

#### B. NEW TRUSTEES

S/N	NAME, ADDRESS, P.O. BOX, E-MAIL & TEL. NO.	OCCUPATION	SIGNATURE	PASSPORT-SIZE PHOTOGRAPH
1				

S/N	NAME, ADDRESS, P.O. BOX, E-MAIL & TEL. NO.	OCCUPATION	SIGNATURE	PASSPORT-SIZE PHOTOGRAPH
2				
3				
4				
5				
6				

7				
---	--	--	--	--

**C. REASONS FOR CHANGE OF TRUSTEES**

**D. ATTACHMENTS**

COPY OF MINUTES OF MEETING WHERE IT WAS  
AGREED TO CHANGE TRUSTEE ATTACHED

YES  NO

EVIDENCE OF NEWSPAPER PUBLICATIONS ATTACHED

YES  NO

COPY OF NOTICE DISPLAYED IN  
HEADQUARTERS AND BRANCHES ATTACHED

YES  NO

UPDATED ANNUAL RETURNS YES

YES  NO

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Chairman**

\_\_\_\_\_  
**Signature of Secretary**

\_\_\_\_\_  
**Name of Chairman & Tel. No.**

\_\_\_\_\_  
**Name of Secretary & Tel. No.**

**Note:**  
If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form

**Presented for filing by:**

Name: \_\_\_\_\_ Accreditation No. (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. & E-mail: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

