



Will Application Form

Payment Terms:

- All services require payment in advance.
- Requests will be processed and delivered upon receipt of payment.
- Proof of payment must be submitted with application.

Banking Details:

Absa Bank Gezina Galleries
Current Account 41 1750 9278 Branch Code 632005
Reference: Your ID Number

1. First Applicant

Full Names:
ID Number:
Address:

Telephone Number:
Email Address:

2. Second Applicant (Joint Will)

Full Names:
ID Number:
Address:

Telephone Number:
Email Address:

3. Will Type

- | | | |
|--------------------------------------|--|---|
| ☐ Single will | ☐ Normal print | ☐ South African will (SA assets) |
| ☐ Joint will | ☐ Large print | ☐ Worldwide will (assets local & abroad) |
| ☐ English | ☐ Islamic will | |
| ☐ Afrikaans | ☐ Commissioner of Oaths
(cannot read or write) | |

4. Marital Status

- | | | |
|---|--|--|
| ☐ Unmarried | ☐ Divorced | ☐ Widower/Widow |
| ☐ Married In Community of Property | ☐ Married Out with Accrual | ☐ Married according to Muslim Rites |
| ☐ Customary / Traditional | ☐ Married Out without Accrual | |

5. Additional Information

Estimated asset value:
Full Names and ID Number of **Executor**:
Full Names and ID Number of **Guardian**:
☐ Include **Living Will** (Additional fee of R150.00 will be payable if this options is selected).
☐ Include **Pet Will** (Additional fee of R150.00 will be payable if this options is selected).

Date

Client Signature

Will Application Form

6. Trust Details

No Trust

Minor Trust

Special Trust

Minor Trust Termination Age:

Special Trust Beneficiary:

Special Trust Termination:

Additional Trust Instructions:

7. Drafting Instructions

[illegible]

Date _____

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Client Signature