



THEWEALTHROOM™

journey to greatness

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WILL APPLICATION COMPLETE IN BLOCK LETTERS

SENT IN BY _____

DATE _____

REQUEST

New

Revise
existing

Single

Joint

WILL IN

English

TESTATOR SURNAME _____

FULL NAMES _____

TITLE _____ TEL (H) _____

TEL (W) _____ ID NR _____

OCCUPATION _____

TESTATRIX SURNAME _____

FULL NAMES _____

TITLE _____ TEL (H) _____

TEL (W) _____ ID NR _____

OCCUPATION _____

MARITAL STATUS

Widow
Widower

Married in
community of
property

Married out of
community
of property

with
accrual

without
accrual

Divor
ced

Never
married

ADDRESS

RESIDENTIAL ADDRESS

POSTAL ADDRESS

CODE _____

CODE _____

CHILDREN: FULL NAMES

Children: Present marriage	Sex	Date of birth

Children: Previous marriage of testator

Children: Previous marriage of testatrix

HEIRS

TESTATOR - FIRST - DYING	TESTATRIX SOLE HEIRESS	YES / NO
IF NOT		

FULL NAMES AND RELATIONSHIP

TESTATRIX - FIRST - DYING

TESTATOR SOLE HEIRESS

YES / NO

IF NOT

FULL NAMES AND RELATIONSHIP

SURVIVOR AND / OR SIMULTANEOUS DEATH

CHILD(REN) - HEIR(S)

YES / NO

IF NOT

FULL NAMES AND RELATIONSHIP

FAMILY OBLITERATION (OPTIONAL)

IF NOT

FULL NAMES AND RELATIONSHIP

INHERITANCE OF MINORS IN TRUST

YES / NO

Table with 6 columns: TILL AGE, 25, 30, ALTERNATIVE AGE, and two empty cells.

GUARDIAN /OPTIONAL

NAME

RELATIONSHIP

ADDRESS

GENERAL

DO YOU WISH TO BE CREMATED / BURIED ? _____

DO YOU WISH TO DONATE YOUR ORGANS ? _____