



YOUR FAMILY HOME OFFICE

WILL APPLICATION FORM

IMPORTANT NOTICE

A nominal fee is payable for a basic single/joint will.

Before submitting this application please make a payment of R570,00 (incl. VAT) / (R500.00 +14% VAT)

Standard Bank

Clearwater Mall Branch

Branch code: 51001

Account number: 41 041 4611

Account holder: Stellenbosch Trustees and Trust (Pty) Ltd

Reference: Initials and Surname

Kindly forward the Proof Of Payment (POP) together with the application to accounts@stellentrust.co.za.

No work will be performed until POP was received

Should the will not be a basic will, Stellentrust may issue an additional invoice to cover any difference.

By attaching my signature hereto, I accept the payment terms and confirm that the information supplied hereunder are complete and correct

(Signature of Applicant)

Date		Consultant	
Tel no. & Code		Address	
Fax no. & Code			
Intermediary			
		Postal Code	

Indicate with an "X" where applicable

A new will	Single	Language Preference	Eng	Afr
Review of existing will (Please attach copy)	Joint			
Communicate directly with the client to resolve queries		Yes	No	
The will must be sent directly to the client for signature		Yes	No	

TESTATOR

Surname		Previously married	Yes	No
Full names				
Date of birth		Tell no. (h) & code		
ID no		Tell no. (w) & code		
Title	Hon. Prof. Dr. Rev. Adv.	E-mail address		
	Mr. Mrs. Miss.			

ADDRESS

Home		Postal	
Postal Code		Postal Code	

TESTATRIX

Surname		Previously married Yes No	
Full names			
Maiden / Previous Surname			
Date of birth		Tell no. (h) & code	
ID no		Tell no. (w) & code	
Title Hon. Prof. Dr. Rev. Adv. Mr. Mrs. Miss.		E-mail address	

ADDRESS

Home		Postal	
Postal Code		Postal Code	

MARITAL STATUS

Out of community of property	Accrual System
In Community of property	Single
Widow Widower	Divorce

SPECIAL PROVISIONS

1	Cremation	Testator: Yes No	Testatrix: Yes No
2	Donation of organs	Testator: Yes No	Testatrix: Yes No
	Contact the organ donor foundation to register as an organ donor.		

CHILDREN

CURRENT MARRIAGE	Status of child		Date of birth / I.D. Number
	Own Child	Legally adopted	

TESTATOR PREVIOUS MARRIAGE	Status of child		Date of birth / I.D. Number
	Own Child	Legally adopted	

TESTATRIX PREVIOUS MARRIAGE	Status of child		Date of birth / I.D. Number
	Own Child	Legally adopted	

GUARDIAN

Name & I.D. Number

1. _____
2. _____
3. _____

Relation to Testator

1. _____
2. _____
3. _____

EXECUTOR

Stellenbosch Trustees and Trust Corporation (Pty)Ltd Reg No: 1952001387/07

HEIRS (If insufficient space, attach additional page)

Will of TESTATOR IF FIRST DYING Testatrix sole heiress Yes No
If not

(Full names, dates of birth, relationship and ratio if more than one heir)

Should provision be made for a maintenance claim i.r.o. children from a previous / illegitimate children?

Yes No

Will of TESTATRIX IF FIRST DYING Testator sole heir Yes No
If not

(Full names, dates of birth, I.D. Number, relationship and ratio if more than one heir)

SIMULTANEOUS DEATH

Children sole heir/s Yes No

Indicate whether spouse's children from a previous marriage should be included: Yes No

If not the children

(Full names, dates of birth, I.D. Numbers, relationship and ratio if more than one heir)

WILL IN EVENT OF FAMILY OBLITERATION

(Full names, dates of birth, I.D. Numbers, relationship and ratio if more than one heir)

NB: In the case of charities, provide full names and full address.

WISHES I.R.O AN INTER VIVOS TRUST/S

Name of Trust _____

Registration number _____

Wishes

OTHER

Signature _____

Date _____