

## 1. Requirements for your Will

Type:	Single	Joint	
	New Will	Revision of Existing	
	SA Assets only	Foreign assets included	
	English	Afrikaans	

## 2. Particulars of Client 1

Title:	Mr	Mrs	Miss	Ms	Rev	Dr	Prof	Adv.	Judge		
Full Names and Surname:											
Maiden Name:											
ID Number:					Date of Birth	d	d	m	m	20	
Nationality:											
Email:											
Contact Numbers:	Home			Work							
	Cell			Fax							

## Particulars of Client 2

Title:	Mr	Mrs	Miss	Ms	Rev	Dr	Prof	Adv.	Judge		
Full Names and Surname:											
Maiden Name:											
ID Number:					Date of Birth	d	d	m	m	20	
Nationality:											
Email:											
Contact Numbers:	Home			Work							
	Cell			Fax							

## 4. Address of Client 1

Postal Address:											
Postal Code:											
Residential Address:											
Postal Code:											

## Client 2 (if different from client 1)

Postal Address:											
Postal Code:											
Residential Address:											
Postal Code:											

## 5. Marital status

Single	Divorced	Widowed	Co-habiting (not registered)
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Married:	In community of property	Anti-nuptial contract:	Without accrual	With accrual
Married:	Other	Customary Marriage according to indigenous law		
		According to Religion	Muslim	Hindu
		Registered marriage	yes	no
		In community of property	yes	no
		Ante-nuptial contract	With accrual	Without accrual

## 6. Particulars of Children *Note: Please give full details of all children, including predeceased children who left issue and legally adopted children*

Full Names and Surname	ID Number	M	F	Related to:		
				Both	Client 1	Client 2

## 7. Assets *Note: Please complete in full or attach the latest financial statements. (if available)*

Immovable Property (e.g. primary residence)	Value in Rand	
	Client 1	Client 2
Total		



### 11. Particulars of heirs

Will of Client 1 if first dying				Client 2 sole heir: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Type of asset (e.g. residential property, % of estate)	Full name & surname	Relationship	ID Number/DOB	M	F

Will of Client 2 if first dying				Client 1 sole heir: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Type of asset (e.g. residential property, % of estate)	Full name & surname	Relationship	ID Number/DOB	M	F

Will of survivor and/or simultaneous death: If No, indicate which asset must be inherited by whom:				Child(ren) 2 sole heir(s): YES <input type="checkbox"/> NO <input type="checkbox"/>	
Type of asset (e.g. residential property, % of estate)	Full name & surname	Relationship	ID Number/DOB	M	F

Family Obliteration Indicate which assets must be inherited by whom and from whose estate: (e.g. estate of Client 1 or 2)								
Type of asset (e.g. residential property, % of estate)	Full name & surname	Relationship	ID Number/DOB	M	F	Heir of		
						Both	Client 1	Client 2

### 12. Inheritance of minors in trust

Must the inheritance be kept in a trust?	YES	NO		
Until the age of	18	21	Alternative age	

### 13. Executor: Co-Executor (Optional)

Full Names and surname	Relationship	ID Number/DOB	M	F

### 14. Trustee: Co-Trustee (Optional)

Full Names and surname	Relationship	ID Number/DOB	M	F

### 15. Guardian

Full Names and surname	Guardian			Relationship	ID Number/DOB	M	F
	Single	Joint	Alternative				

**16. Funeral arrangements**

Choice	Client 1	Client 2
Funeral		
Cremation		
Organ Donor		
Special requests (please specify in full)		

**17. Other requests**


**18. Particulars of Legal Consultant (if applicable)**

Name & Surname:				
Contact details:	Telephone		Cellphone	
	Email address			

**19. Methods of payment**

Payment, by agreement, may be paid by any of the following methods:

**• Debit order - Payment authorisation**

I, the undersigned, request Balamory Investments to arrange with my bank to collect a payment as stated below, by debit order against my bank account.

Once-off amount R \_\_\_\_\_

Date of deduction \_\_\_\_/\_\_\_\_/\_\_\_\_ (See Note)

Name and surname of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Name of branch \_\_\_\_\_ Branch code \_\_\_\_\_

Account number \_\_\_\_\_

Type of account: Cheque  Savings

**• Credit card - Payment authorisation**

I, the undersigned, request Balamory Investments to arrange with my bank to collect a payment, in terms of cost as indicated below, against my credit card account.

Once-off amount R \_\_\_\_\_

Date of deduction \_\_\_\_/\_\_\_\_/\_\_\_\_ (See Note)

Name and surname of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

CVV \_\_\_\_\_

Type of credit card: Visa  Master

**Declaration**

I/We acknowledge that:

- The party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent.
- I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signature of account holder \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/ccyy)