

## WILL DRAFTING REQUEST

Office 301 3rd Floor Eikestad Mall | Andringa Street | Stellenbosch | 7600  
t: +27 (0)21 808 1768 | f: +27 (0)86 402 8360 | w: [balmoryinvestments.co.za](http://balmoryinvestments.co.za)  
Balmory Investments (PTY) Ltd is a registered financial services provider FSP: 41688

## 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

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

a) Address of Client :	
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)

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)

Business Interests	Percentage (%)		Value in Rand	
Name of Entity	Client 1	Client 2	Client 1	Client 2
Sole Proprietary				
Partnership				
Close Corporation				
Private Company				
	Total			

Investments (e.g. bank and/or insurance companies and/or institutions)	Value in Rand	
Name of institution, type of investment	Client 1	Client 2
	Total	

Insurance Payable to Estate		Value in Rand	
Name of company	Policy Number	Client 1	Client 2

**8. Insurance not payable to estate (Beneficiary; cession; pension/retirement fund/preservation fund and annuities (lump sum and death cover); group cover)**

Insurance Not Payable to Estate			Value in Rand	
Name of company	Policy Number	Name & Surname of Beneficiary	Client 1 first dying	Client 2 first dying

**9. Offshore assets** *Important: Only assets administered offshore require an offshore Will.*

	Client 1	Client 2
Jurisdiction where assets are situated:		
Type of assets: (e.g. immovable property, investment)		
Value of asset:	R	R
Place of administration of asset:		
Way in which asset was acquired:		

## 10. Liabilities

**11. Particulars of heirs**

Will of Client 1 if first dying

Client 2 sole heir: YES  NO 

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  NO 

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  NO 

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	Alternative age
Until the age of	18	21	

**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)