



**INSTRUCTIONS FORM LIFE PARTNERSHIP AGREEMENT**

**1. DETAILS OF PARTY A:**

- 1.1. Full names and Surname: \_\_\_\_\_
- 1.2. Identity number: \_\_\_\_\_ (attach copy of IDENTITY DOCUMENT)
- 1.3. Marital status \_\_\_\_\_
- 1.4. Postal address: \_\_\_\_\_
- 1.5. Telephone H: \_\_\_\_\_ Telephone W \_\_\_\_\_
- 1.6. Telephone Fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_
- 1.7. E-mail address: \_\_\_\_\_

**2. DETAILS OF PARTY B:**

- 2.1. Full names and Surname: \_\_\_\_\_
- 2.2. Identity number: \_\_\_\_\_ (attach copy of IDENTITY DOCUMENT)
- 2.3. Marital status \_\_\_\_\_
- 2.4. Postal address: \_\_\_\_\_
- 2.5. Telephone H: \_\_\_\_\_ Telephone W \_\_\_\_\_
- 2.6. Telephone Fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_
- 2.7. E-mail address: \_\_\_\_\_

**3. ARE YOU IN A COMMITTED PERMANENT LIFE PARTNERSHIP AGREEMENT EXCLUSION OF ANY OTHER PERSON?**

- 3.1. YES / NO (delete option not applicable)
- 3.2. IF NO, KINDLY EXPLAIN THE NATURE OF YOUR RELATIONSHIP:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





4. **DATE OF COMMENCEMENT OF RELATIONSHIP:** \_\_\_\_\_

5. **OUR MUTUAL RESIDENTIAL ADDRESS IS (attach copy of UTILITY BILL as confirmation):**

\_\_\_\_\_  
\_\_\_\_\_

6. **DO YOU HAVE CHILDREN BORN FROM THIS RELATIONSHIP?**

6.1. YES / NO (delete option not applicable)

6.2. IF YES, KINDLY LET US HAVE THE FULL NAMES AND DATE/S OF BIRTH OF CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_

7. **FOR WHAT PURPOSE DO YOU REQUIRE A LIFE PARTNERSHIP AGREEMENT? (kindly furnish full details)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **ANY OTHER RELEVANT INFORMATION YOU WANT INSERTED IN THE AGREEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I confirm that I understand and am duly aware of the legal consequence of my instructions herein.**

DONE AND SIGNED AT \_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: PARTY A

\_\_\_\_\_  
SIGNATURE: PARTY B

**Fax / e-mail completed and signed INSTRUCTIONS FORM, copy of your IDENTITY DOCUMENT, PROOF OF ADDRESS RESIDENTIAL ADDRESS and CONFIRMATION OF PAYMENT of costs of R1 050-00 to us. One of our specialist Attorneys will contact you shortly. Banking details: Korf Attorneys Trust, ABSA Bank, Branch code: 632 005; Account number: 4080983844; Ref: Name and Surname.**



**KORF ATTORNEYS / NOTARIES / CONVEYANCERS / ESTATE ADMINISTRATORS (proud member of the VIRTUAL LAWYERS GROUP)**

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