



INSTRUCTIONS FORM: SINGLE WILL

1. DETAILS OF PERSON MAKING THE WILL:

- 1.1. Full names and Surname: _____
- 1.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 1.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 1.4. Residential address: _____ (attach copy of UTILITY BILL)
- 1.5. Telephone H: _____ Cell phone: _____
- 1.6. E-mail address: _____

2. DETAILS OF EXECUTOR/S:

- 2.1. Full names and Surname: _____
- 2.2. Relationship to Testator? _____
- 2.3. If above Executor/s are not available, who do you appoint? _____

3. SPECIAL BEQUESTS / LEGACIES (to be distributed before the residue to the estate is dealt with)

- 3.1. Description of asset/s: _____
- 3.2. Full names and Surname of Heir/s of above Asset/s? _____
- 3.3. Description of asset/s: _____
- 3.4. Full names and Surname of Heir/s of above Asset/s? _____

4. HEIR(S) OF ESTATE / RESIDUE ESTATE (after SPECIAL BEQUESTS / LEGACIES):

FULL NAMES AND SURNAMES

IDENTITY NUMBERS:

_____	_____
_____	_____
_____	_____

5. SUBSTITUTE HEIR/S IN THE EVENT OF HEIR/S (in 4) NOT BEING ABLE TO INHERIT:

FULL NAMES AND SURNAMES

IDENTITY NUMBERS:

_____	_____
_____	_____
_____	_____



6. **DETAILS OF GUARDIAN/S FOR MINOR CHILDREN (if applicable):**

6.1. Full names and Surname: _____

6.2. Relationship to Testator / Testatrix? _____

6.3. If above guardian/s are not available, who do you appoint? _____

7. **DO YOU REQUIRE A TRUST TO BE FORMED FOR MINOR CHILDREN? Yes / No / Not applicable**

7.1. **DETAILS OF TRUSTEES OF TRUST FOR MINOR CHILDREN:**

7.1.1. Full names and Surname: _____

7.1.2. Relationship to Testator / Testatrix? _____

7.1.3. If above Trustee/s are not available, who do you appoint? _____

7.2. When must the trust end? _____

8. **OTHER STIPULATIONS:**

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

DONE AND SIGNED AT _____ ON _____

SIGNATURE

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 R3 00-00 (SINGLE WILL) 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.