

PERSONAL INFORMATION (TESTATOR/TESTATRIX)

Full Names: _____

Residential Address: _____

Postal Address: _____

Tel No (B): _____ Tel No (H): _____

Fax No: _____ Cell No: _____

E-Mail Address: _____

Identity Number:

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Marital Status (Tick Box)

Married Out of Community of Property	Married in Community of Property	Married to Islamic/Hindu/Muslim law	Married by Customary Law	Married by another Country's Laws	Civil Union or Partnership	Divorced/Widowed	Unmarried
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Date of Marriage:

D	D	M	M	Y	Y	Y	Y
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 Place of Marriage: _____

Spouse Full Names: _____

Spouse Identity Number:

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Work Information

Occupation: _____

Do you belong to a professional body: _____

If YES Specify: _____

Broker / Financial advisor: _____

Are you a director/member/trustee of a company/cc/trust:

Entity: _____ REG NO: _____

Entity: _____ REG NO: _____

Entity: _____ REG NO: _____

Entity: _____ REG NO: _____

WILL INFORMATION

1. **APPOINTMENT OF EXECUTOR:** HENRY GEORGE MADELEYN OR ANY DIRECTOR OF MADELEYN INCORPORATED
(FULL NAME AND ID NUMBER) AND/OR _____

(Contact Number, if applicable) _____

2. **APPOINTMENT OF TRUSTEE(S):**
(IF APPLICABLE, AT LEAST TWO TRUSTEES ARE REQUIRED)

2.1 Full Names: _____ ID: _____

2.2 Full Names: _____ ID: _____

2.3 Full Names: _____ ID: _____

3. **APPOINTMENT OF GUARDIAN:** _____
(Full name and ID number, if applicable)

4. **LEGACIES**
(Bequest of specific property, movable or immovable to a specific person/s, Trust or Charity.)

4.1 Full Names: _____ DOB/ID: _____
Inheritance (specific item/property): _____

4.2 Full Names: _____ DOB/ID: _____
Inheritance (specific item/property): _____

4.3 Full Names: _____ DOB/ID: _____
Inheritance (specific item/property): _____

4.4 Full Names: _____ DOB/ID: _____
Inheritance (specific item/property): _____

4.5 Full Names: _____ DOB/ID: _____
Inheritance (specific item/property): _____

5. **HEIRS**
(Bequest of residue of the estate, thus the balance of the estate after the legacies have been appointed)

5.1 Full Names: _____ DOB/ID: _____
Inheritance (percentage/amount): _____

5.2 Full Names: _____ DOB/ID: _____
Inheritance (percentage/amount): _____

5.3 Full Names: _____ DOB/ID: _____
Inheritance (percentage/amount): _____

5.4 Full Names: _____ DOB/ID: _____
Inheritance (percentage/amount): _____

5.5 Full Names: _____ DOB/ID: _____
Inheritance (percentage/amount): _____

6. SIMULTANEOUS DEATH / ALTERNATIVE HEIR IF HEIR IS PRE-DECEASED / UNABLE TO INHERIT

- 6.1 Full Names: _____ DOB/ID: _____
Inheritance (item/percentage/property/amount): _____
- 6.2 Full Names: _____ DOB/ID: _____
Inheritance (item/percentage/property/amount): _____
- 6.3 Full Names: _____ DOB/ID: _____
Inheritance (item/percentage/property/amount): _____
- 6.4 Full Names: _____ DOB/ID: _____
Inheritance (item/percentage/property/amount): _____
- 6.5 Full Names: _____ DOB/ID: _____
Inheritance (item/percentage/property/amount): _____

7. FUNERAL DIRECTION

8. LIVING WILL – ONLY COMPLETE IF APPLICABLE (ADDITIONAL FEES WILL APPLY)

- 8.1 Do you wish to become an organ donor: _____
- 8.2 Do you wish to be resuscitated: _____
If yes, how many times must resuscitation be attempted: _____
- 8.3 Do you wish for systems to be used to keep you alive in circumstances where, but for the use of such systems, you would have died:

If yes, after what period do you wish for the use of such systems to be ceased: _____
Alternatively, who is responsible for the decision of when the use of such systems must be ceased:
(Full name and ID Number): _____
- 8.4 Who will be responsible for any other medical decisions that might have to be made on your behalf:
(Full name and ID Number): _____

I declare that all information provided herein is correct.

I hereby instruct Madeleyn Incorporated to attend to the drafting of my will based on the information provided by me.

I provided Madeleyn Incorporation with a copy of my Identity Document and Proof of Residence (not older than 3 Months) to comply with the Financial Intelligence Centre Act (FICA).

Signed at _____ on _____

CLIENT SIGNATURE