



**KORF ATTORNEYS / NOTARIES / CONVEYANCERS / ESTATE ADMINISTRATORS**

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**INSTRUCTIONS FORM: WILL**

**1. DETAILS OF PERSON/S 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:**

_____	_____
_____	_____
_____	_____



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**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:**

7.2. Full names and Surname: \_\_\_\_\_

7.3. Relationship to Testator / Testatrix? \_\_\_\_\_

7.4. If above Trustee/s are not available, who do you appoint? \_\_\_\_\_

7.5. 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**

**COSTS: R350-00 (Single Will) / R450-00 (Mutual Will)**  
**BANKING DETAILS: Korf Attorneys Trust, ABSA Bank, Branch code: 632 005;**  
**Account number: 4080983844; Ref: Name and Surname**

**Fax / e-mail completed and signed INSTRUCTIONS FORM, copy of your IDENTITY DOCUMENT/s, PROOF OF ADDRESS RESIDENTIAL ADDRESS and CONFIRMATION OF PAYMENT of costs to us. We will send you a draft Will and signing instructions.**