

SINGLE WILL NO TRUST

WILL APPLICATION FORM

DATE:_____

SINGLE WILL WITH TRUST			
JOINT WILL NO TRUST			
JOINT WILL WITH TRUST			
MARITAL REGIME			
SINGLE	NGLE MARRIED ANC W		
MARRIED ANC WITH ACCRUA	L		
	MARRIAGE DATE	MARRIAGE DATE:	
CHILDRENS DETAILS			
FULL NAMES AND SURNAME		ID NUMBERS	
CLIENTS DETAILS FULL NAME/S:			
SURNAME:			
ID NUMBER:			
EMAIL ADRESS:			
BURIED CREMATED REQUESTS:			

SPOUSE DETAILS			
FULL NAME/S:			
SURNAME:			
ID NUMBER:			
EMAIL ADRESS:			
LIVIAIL ADILLOGI			
BURIED CREMATE REQUESTS:	D		
SIMULTANTIOUS DEATH (SHOULD SOMETHING HAPPEN TO YOU AND YOUR SPOUSE, WHAT SHOULD THEN HAPPEN TO EVERYTHING YOU OWN?)			

MILY OBLITIRATION (IN THE INTERIT?)	EVENT OF YOUR HOUSEHOLD	PASSING AWAY SIMULTANIOUSLY
USTEES:		
JLL NAME/S & SURNAME	IDENTITY NUMBER	TELEPHONE NUMBER
ARDIAN:		
	T	TELEPHONE NUMBER
ULL NAME/S & SURNAME	IDENTITY NUMBER	TELEPHONE NOWIBER

TRUST AGE

21

18

25

OTHER

EXECUTOR OF YOUR ESTAT	WALLSTREET FINANCIAL SERVICES PTY LTD
-------------------------------	---------------------------------------

EMERGENCY CONTACT PERSON:

FULL NAME, SURNAME	CELL NUMBER	EMAIL ADRESS