

Information Sheet in order to draft Will

Dear Sir / Madam

Regards

Carina Fourie

Office Phone Number: 041 581 7170

We	would	like	to	assist	in	drafting	а	Will	for	you.	Kindly	please	supply	us	with	the	following
info	mation	:															

1. Are you <i>If ye</i>	married? " Yes " No es:									
	► How are you married: □ In comm	nunity of property								
	□ Out of c	ommunity of property								
	► Full names of your spouse:									
16										
	<u>If no:</u> Please supply us with full names and dates of birth of beneficiaries that your estate m									
▶ F	ull names: 1	Date of birth:								
	2	Date of birth:								
	3	Date of birth:								
	4	Date of birth:								
If ve	nave children? ⁻ Yes ⁻ No									
►F	ull names: 1	Date of birth:								
	2	Date of birth:								
	3	Date of birth:								
<i>IF</i>		Date of birth:								
	ou are married, please supply us wit	are married, please supply us with full names and dates of birth of beneficiaries tate must go to if you and your spouse should die together:								
▶F	ull names: 1	Date of birth:								
	2	Date of birth:								
	3	Date of birth:								
	ase return the completed form to Carina@ambiton.co.za. (Kindly please i	arina, either via fax to 086 510 4347, or to emai nclude your name.)								
If you have	any questions herein, do not hesitate	to contact me.								