



CONFIDENTIAL / VERTROULIK

## WILL APPLICATION / TESTAMENTE AANSOEK

COMPLETE IN FULL AND IN BLOCK LETTERS  
VUL VOLLEDIG EN IN DRUKSKRIF IN

### GENERAL INFORMATION

Date / Datum  /  / 20

Single Will /  
Enkel Testament

Joint Will /  
Gesamentlike testament

### LANGUAGE / TAAL

English  Afrikaans

### TESTATOR / TESTATEUR (Male)

Surname / Van

Full Names / Volle Name

Date of Birth / Geboorte datum

ID No. / ID Nr.

Tel No/Nr  Email / E-pos

### TESTATRIX / TESTATRICE (Female)

Surname /Van

Full Names / Volle Name

Date of Birth / Geboorte datum

ID No. / ID Nr.

Tel No/Nr  Email/E-pos

### ADDRESS / ADRES

Home address/ Woonadres

Postal address /Posadres

**RINA OLDEWAGE ATTORNEYS**

29 Konig Street, Elandsheuwel

Klerksdorp

Tel: 076 020 6880

[rina@roatt.co.za](mailto:rina@roatt.co.za)



## MARITAL STATUS / HUWELIKSTAAT

Out of Community of Property  
/  
Buite Gemeenskap van  
Goedere

With Accrual System / Aanwas  
bedeling  
  
\*Merk indien van toepassing

In Community of Property /  
Binne Gemeenskap van  
Goedere

Single /  
Ongetroud

Divorced /  
Geskei

Widower /  
Wewenaar

Widow /  
Weduwee

Traditional/ Tradisioneel

Common Law/GemeneReg

Other /  
Ander

## CHILDREN / KINDERS

Full Names / Volle Name	Male/Female* Manlik/ Vroulik	Date of Birth / Geboorte datum
		dd / mm / year
		dd / mm / year
		dd / mm / year
		dd / mm / year

## SPECIAL WISHES / SPESIALE WENSE

	Testator / Testateur	Testatrix / Testatrise
Cremation / Verassing	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>
Burial / Begrafnis	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>
Donation of Organs/ Orgaanskenking	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>
Living Will / Lewende Testament	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>

## LIABILITIES / BOEDELASTE

( For Estate Planning Purpose / Vir Boedel beplanning doeleindes)

	Testator / Testateur R	Testatrix / Testatrise R
Bonds / Verbande	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Other debts / Ander skulde	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

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<b>ASSETS / BATES</b>		
<b>( For Estate Planning Purpose / Vir Boedel beplanning doeleindes)</b>		
	<b>Testator / Testateur</b>	<b>Testatrix / Testatrise</b>
	<b>R</b>	<b>R</b>
<b><u>Fixed Property / Vaste eiendom</u></b>		
Residential / Residensieel	<input type="text"/>	<input type="text"/>
Farm Property / Plaaseiendom	<input type="text"/>	<input type="text"/>
<b><u>Business Interests / Sakebelange</u></b>		
Private Company Shares/ Aandeel in Privaat Maatskappy	<input type="text"/>	<input type="text"/>
Loan Account/ Lenings Rekening	<input type="text"/>	<input type="text"/>
Close Corporation interest/ Belang in Beslote Korporasie	<input type="text"/>	<input type="text"/>
Partnership interest / Vernootskapsbelang	<input type="text"/>	<input type="text"/>
Sole Proprietor/ Eenmansaak	<input type="text"/>	<input type="text"/>
<b><u>Investments / Beleggings</u></b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b><u>Assurance payable to estate / Versekering betaalbaar aan boedel</u></b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b><u>Other assets / Ander Bates</u></b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL / TOTAAL</b>	<b>R            -</b>	<b>R            -</b>

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**INSTRUCTIONS / INSTRUKSIES**

**Testator if first dying / Testateur as eerste wende**

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**Testatrix if first dying / Testatrise as eerste wende**

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**Simultaneous death of Testator and Testatrix /  
Gelyktydige afsterwe van die Testateur en Testatrise**

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**TRUST FOR MINORS / TRUST VIR MINDERJARIGES**

Yes/Ja

No/Nee

Until what age / Tot watter ouderdom

Trustees 1

2

**NOMINATION OF GUARDIAN / BENOEMING VAN VOOG**

Name & Surname   
Naam & Van

**FAMILY EXTINCTION / GESINSUITWISSING**

**NOTES / NOTAS - SPECIAL WISHES / SPESIALE WENSE**

