

WILL REQUEST FORM

Particulars of Referrer

Name (as in NRIC) : _____

Preferred Name : _____

Name of Introducer Group (if any) : _____

Mobile Phone No. : _____

Email : _____

Particulars of Testator

Testator' Name (as in NRIC) : _____

Preferred Name : _____

NRIC No. : _____

Home Address : _____

Mobile Phone No. : _____

Email : _____

Note: Referrer's is responsible to make appointment to introduce Will Adviser to the Testator and to act as the 2nd Witness, if needed, during the Attestation of the Will.

Date of Submission : _____

Signature of Referrer : _____

For Office Use Only:

Name of Will Adviser Assigned : _____

Contact No. of Will Adviser : _____ Date: _____

Assigned by : _____

Signature _____