



BEFORE COMPLETING THIS FORM OR SIGNING THE WILL, PLEASE READ THE 'IMPORTANT NOTES ON SIGNING A WILL DOCUMENT'.

Testators Name .....

	Please Tick	
	Witness 1	Witness 2
1. I am over 18 years of age, not a beneficiary, married to a beneficiary or blind.	<input type="checkbox"/>	<input type="checkbox"/>
2. The person whose Will it is, has signed the Will in my presence and in the presence of the other witness.	<input type="checkbox"/>	<input type="checkbox"/>
3. I, as the witness have also signed the Will and inserted my name and address.	<input type="checkbox"/>	<input type="checkbox"/>
4. The date the Will was signed has been inserted on the Will.	<input type="checkbox"/>	<input type="checkbox"/>
5. The date the Will was signed .....		

**Witness 1**

First Name ..... Surname .....

Address.....

Occupation ..... Telephone No .....

Relationship to Testator/Testatrix .....

Signature .....

**Witness 2**

First Name ..... Surname .....

Address.....

Occupation ..... Telephone No .....

Relationship to Testator/Testatrix .....

Signature .....

One of our advisers will contact you in the near future, tick here if you do not want to be contacted