



Option 1:

Normal Clients:
Appoint VDM Inc. as executor for the winding up of a single or joint estate, with an agreed executor fee of 3.5% (including VAT).

Estate Agents:
Appoint VDM Inc. as executor for the winding up of a single or joint estate, with an agreed executor fee of 3% (including VAT).



Option 2:

VDM Inc. to act as agent to assist the appointed executor (to be appointed by client/s). Services rendered by VDM Inc. to be charged at an hourly rate of R600.00 - R1 200.00

Full Name & Surname of appointed Executor:



Identity Number:

Date of Birth:

Relationship to Client/s:

Cell Number:

Work Number:

Option 3:

VDM Inc. to draft the will without acting as an agent or executor, with an upfront charge of:



- Will; where trusts need to be in place: R1 500.00 ☐
- Will; standard between spouses: R1 000.00 ☐

Full Name & Surname of appointed Executor:

Email:



SMS:



Four Steps:

1	2	3	4
Requirements	Details Client 1 & 2	Details of Children & / Heirs	Indemnity Form Terms & Conditions

Step One: Requirements:

Type of Will:	Single <input type="checkbox"/>	Joint <input type="checkbox"/>
Asset Type:	RSA Assets only <input type="checkbox"/>	Foreign Assets included <input type="checkbox"/>
Language of Will:	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>

Step Two:

A: Client 1: Details

Title:	Last Name:		
First Names:			
Cell Number:		Home / Office Number:	
Email Address:			
Would you like to cater for existing and/or future children in your bequest?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Funeral Arrangements:	Burial <input type="checkbox"/>	Cremation <input type="checkbox"/>	
	Organ Donor <input type="checkbox"/>		
Funeral Arrangements:			

A: Client 2: Details

Title:	Last Name:		
First Names:			
Cell Number:		Home / Office Number:	
Email Address:			
Would you like to cater for existing and/or future children in your bequest?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Funeral Arrangements:	Burial <input type="checkbox"/>	Cremation <input type="checkbox"/>	
	Organ Donor <input type="checkbox"/>		
Funeral Arrangements:			

B: Client 1: Details (continue...)

Add a Living Will (when you can't talk for yourself and your wish is to die with dignity and not kept alive by artificial means):			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Marital Status:	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
	Co-habiting (not registered) <input type="checkbox"/>	Married <input type="checkbox"/>	COP <input type="checkbox"/>
	Out of Community <input type="checkbox"/>	With accrual <input type="checkbox"/>	Without accrual <input type="checkbox"/>
	Custom marriage according to indigenous law <input type="checkbox"/>	According to tenets of religion <input type="checkbox"/>	

B: Client 2: Details (continue...)

Add a Living Will (when you can't talk for yourself and your wish is to die with dignity and not kept alive by artificial means):			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Marital Status:	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
	Co-habiting (not registered) <input type="checkbox"/>	Married <input type="checkbox"/>	COP <input type="checkbox"/>
	Out of Community <input type="checkbox"/>	With accrual <input type="checkbox"/>	Without accrual <input type="checkbox"/>
	Custom marriage according to indigenous law <input type="checkbox"/>	According to tenets of religion <input type="checkbox"/>	

C: Client 1 & 2: Assets		
Properties: Immovable Value	Value	
Description, i.e. address (please list primary residence first)	Client 1	Client 2
1	R	R
2	R	R
3	R	R
4	R	R
5	R	R
6	R	R
Total	R	R

C: Client 1 & 2: Assets		
Other: Movable	Value	
Description, i.e. furniture, vehicles, jewellery, etc.	Client 1	Client 2
1	R	R
2	R	R
3	R	R
4	R	R
5	R	R
6	R	R
Total	R	R

C: Client 1 & 2: Assets		
Investments: Banks / Insurance Companies	Value	
Where and Type	Client 1	Client 2
1	R	R
2	R	R
3	R	R
4	R	R
5	R	R
6	R	R
Total	R	R

C: Client 1: Business Interests				
Type	Business / Entity Name	Loan Account	Percentage	Value
Private Company <input type="checkbox"/>				R
Close Corporation <input type="checkbox"/>				R
Partnership <input type="checkbox"/>				R
Sole Proprietary <input type="checkbox"/>				R
Total				R

C: Client 2: Business Interests				
Type	Business / Entity Name	Loan Account	Percentage	Value
Private Company <input type="checkbox"/>				R
Close Corporation <input type="checkbox"/>				R
Partnership <input type="checkbox"/>				R
Sole Proprietary <input type="checkbox"/>				R
Total				R

C: Client 1 & 2: Insurance (death cover)

Estate / Beneficiaries	Value	
Company Name	Client 1	Client 2
1	R	R
2	R	R
3	R	R
4	R	R
5	R	R
6	R	R
7	R	R
8	R	R
Total	R	R

C: Client 1 & 2: Insurance not in Estate (i.e. pension, group cover, annuities)

Estate / Beneficiaries	Value	
Company Name	Client 1	Client 2
1	R	R
2	R	R
3	R	R
4	R	R
5	R	R
6	R	R
7	R	R
8	R	R
Total	R	R

D: Client 1 & 2: Offshore Assets (offshore will is required if assets are administered offshore)

Where and Type	Client 1	Client 2
1.Where are assets situated?	R	R
2.Are assets administered from South Africa?	R	R
3.The way in which assets were acquired?	R	R
4.Value.	R	R

E: Liabilities

	Outstanding Value	
	Client 1	Client 2
1.Home Loans	R	R
2.Bank Overdrafts	R	R
3.Loans	R	R
4.Hire Purchase	R	R
5.Other 1	R	R
6.Other 2	R	R
7.Other 3	R	R
8.Other 4	R	R
9.Other 5	R	R
Total	R	R

F: Details of Children & Heirs

Do you have children?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Children				Related To		
Full Names & Surname	M	F	I.D. (or Date of Birth)	Both	Client 1	Client 2
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R
	<input type="checkbox"/>	<input type="checkbox"/>		R		R

Heirs

Children				Related To	
Full Names & Surname	M	F	I.D. (or Date of Birth)	Relationship (i.e. child, spouse, etc.)	Heir Number
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 1
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 2
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 3
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 4
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 5
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 6
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 7
	<input type="checkbox"/>	<input type="checkbox"/>		R	Heir 8
	<input type="checkbox"/>	<input type="checkbox"/>			Heir 9
	<input type="checkbox"/>	<input type="checkbox"/>			Heir 10

Will of Client 1: in event of passing before partner / spouse

Client 2: Sole Heir		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "no", indicate which asset must be left to whom.			
Indicate initials, surname and heir number as above.			
Type of asset	Initials and Surname	Heir Number (to match above)	

Will of Client 1: in event of one heir passing before client 1, portion to be shared between other heirs:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, refer to Other Requests on last page.
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Will of Client 2: in event of passing before partner / spouse

Client 2: Sole Heir	Yes	<input type="checkbox"/>	No
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If “no”, indicate which asset must be left to whom.

Indicate initials, surname and heir number as above.

Type of asset	Initials and Surname	Heir Number (to match above)

Will of Client 1: in event of one heir passing before client 1, portion to be shared between other heirs:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If No, refer to Other Requests on last page.
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Will in event of simultaneous passing

Child/Children to be Sole Heir/s	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If “no”, indicate which asset must be left to whom.

Indicate initials, surname and heir number as above.

Type of asset	Initials and Surname	Heir Number (to match above)

Family Obliteration

If “no”, indicate which asset must be left to whom.

Indicate initials, surname and heir number as above.

Type of asset	Initials and Surname	Heir Number (to match above)

F: Details of Children & Heirs (continue...)

Inheritance of minors in trust

Inheritance to be kept in trust			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Until the age of:	18	21	25	Other:
Provide details of any special requests in full				

Guardian Detail

Do you want to nominate a guardian for your minor children?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes"			Single <input type="checkbox"/>	Joint <input type="checkbox"/>
Full Names & Surname	M	F	I.D. (or Date of Birth)	Relationship
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

F: Client 1: The residue of my assets not bequest must go to:

1.
2.
3.
4.
5.

F: Client 2: The residue of my assets not bequest must go to

1.
2.
3.
4.
5.

Other Requests

SIGNATURES

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Date (dd/mm/ccyy)

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Date (dd/mm/ccyy)