



Please fill the following form out carefully. You may add and remove boxes as needed. Thank you!

A. TESTATOR (person registering their will with the DIFC Wills and Probate Registry)	
1. NAME	
2. SURNAME	
3. Date of Birth (DAY/MONTH/YEAR)	
4. NATIONALITY	
5. ID NUMBER (EMIRATES ID) - if any	
6. PASSPORT NUMBER	
7. ADDRESS	
8.1. STREET, NUMBER,	
8.2. - PO BOX	
8.3. ZIP CODE (IF ABROAD)	

8.4. CITY	
8.5. COUNTRY	
8.6. STATE (IF ANY)	
9. EMAIL	
10. EMAIL 2 (IF ANY)	
11. PHONE	

You may appoint 1-4 executors for each part of your estate. Please include the details of **ALL** the executors appointed in your Will.

EXECUTOR No1	
1. PERSON'S NAME (FOR COMPANIES - COMPANY NAME)	
2. 1. PERSON'S SURNAME (FOR COMPANIES: NAME OF REPRESENTATIVE)	
2.2 FOR COMPANIES ONLY - FUNCTION OF REPRESENTATIVE	
2.3 FOR COMPANIES ONLY -BUSINESS LICENSE NUMBER	

3. DOB (DAY/MONTH/YEAR)	
4. NATIONALITY	
5. ID NUMBER (EMIRATES ID) - if any	
6. PASSPORT NUMBER	
7. ADDRESS	
8.1. - STREET, NUMBER	
8.2. - PO BOX	
8.3. ZIP CODE (IF ABROAD)	
8.4. CITY	
8.5. COUNTRY	
8.6. STATE (IF ANY)	

9. EMAIL	
10. EMAIL 2 (IF ANY)	
11. PHONE	

EXECUTOR No 2

1. PERSON'S NAME (FOR COMPANIES - COMPANY NAME)	
2. 1. PERSON'S SURNAME (FOR COMPANIES: NAME OF REPRESENTATIVE)	
2.2 FOR COMPANIES ONLY - FUNCTION OF REPRESENTATIVE	
2.3 FOR COMPANIES ONLY -BUSINESS LICENSE NUMBER	
3. DOB (DAY/MONTH/YEAR)	
4. NATIONALITY	

5. ID NUMBER (EMIRATES ID) - if any	
6. PASSPORT NUMBER	
7. ADDRESS	
8.1. - STREET, NUMBER	
8.2. - PO BOX	
8.3. ZIP CODE (IF ABROAD)	
8.4. CITY	
8.5. COUNTRY	
8.6. STATE (IF ANY)	
9. EMAIL	
10. EMAIL 2 (IF ANY)	

11. PHONE	
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EXECUTOR No 3	
1. PERSON'S NAME (FOR COMPANIES - COMPANY NAME)	
2. 1. PERSON'S SURNAME (FOR COMPANIES: NAME OF REPRESENTATIVE)	
2.2 FOR COMPANIES ONLY - FUNCTION OF REPRESENTATIVE	
2.3 FOR COMPANIES ONLY -BUSINESS LICENSE NUMBER	
3. DOB (DAY/MONTH/YEAR)	
4. NATIONALITY	
5. ID NUMBER (EMIRATES ID) - if any	
6. PASSPORT NUMBER	

7. ADDRESS	
8.1. - STREET, NUMBER	
8.2. - PO BOX	
8.3. ZIP CODE (IF ABROAD)	
8.4. CITY	
8.5. COUNTRY	
8.6. STATE (IF ANY)	
9. EMAIL	
10. EMAIL 2 (IF ANY)	
11. PHONE	

EXECUTOR No 4

1. PERSON'S NAME (FOR COMPANIES - COMPANY NAME)	
2. 1. PERSON'S SURNAME (FOR COMPANIES: NAME OF REPRESENTATIVE)	
2.2 FOR COMPANIES ONLY - FUNCTION OF REPRESENTATIVE	
2.3 FOR COMPANIES ONLY -BUSINESS LICENSE NUMBER	
3. DOB (DAY/MONTH/YEAR)	
4. NATIONALITY	
5. ID NUMBER (EMIRATES ID) - if any	
6. PASSPORT NUMBER	
7. ADDRESS	
8.1. - STREET, NUMBER	



8.2. - PO BOX	
8.3. ZIP CODE (IF ABROAD)	
8.4. CITY	
8.5. COUNTRY	
8.6. STATE (IF ANY)	
9. EMAIL	
10. EMAIL 2 (IF ANY)	
11. PHONE	

If you have minor children in Dubai or Ras Al Khaimah, you may appoint 1 to 2 guardians for your children.

GUARDIAN No 1

1. NAME	
2. SURNAME	
3. DOB (DAY/MONTH/YEAR)	
4. GENDER	
5. NATIONALITY	
6. ID NUMBER (EMIRATES ID) (IF ANY)	
7. PASSPORT NUMBER	
8. ADDRESS	
9. EMAIL	
10. PHONE	
11. RELATION TO TESTATOR (IF BLOOD RELATED OR SPOUSES)	

GUARDIAN No 2

1. NAME	
2. SURNAME	
3. DOB (DAY/MONTH/YEAR)	
4. GENDER	
5. NATIONALITY	
6. ID NUMBER (EMIRATES ID) (IF ANY)	
7. PASSPORT NUMBER	
8. ADDRESS	
9. EMAIL	
10. PHONE	
11. RELATION TO TESTATOR (IF BLOOD RELATED OR SPOUSES)	

MINOR CHILD No 1

1. NAME	
2. SURNAME	
3. DOB	
4. GENDER (MALE - M / FEMALE - F)	
5. NATIONALITY	
6. ID NUMBER (EMIRATES ID)	
7. PASSPORT NUMBER (IF ANY)	
8. CLOSEST NEXT-TO-KIN ABROAD	
9.1 NAME OF CLOSEST NEXT-TO-KIN ABROAD	
9.2 CONTACT (EMAIL OR PHONE) CLOSEST NEXT-TO-KIN ABROAD	
9.3 ADDRESS CLOSEST NEXT-TO-KIN ABROAD	

MINOR CHILD No 2

1. NAME	
2. SURNAME	
3. DOB	
4. GENDER (MALE - M / FEMALE - F)	
5. NATIONALITY	
6. ID NUMBER (EMIRATES ID)	
7. PASSPORT NUMBER (IF ANY)	
8. CLOSEST NEXT-TO-KIN ABROAD	
9.1 NAME OF CLOSEST NEXT-TO-KIN ABROAD	
9.2 CONTACT (EMAIL OR PHONE) CLOSEST NEXT-TO-KIN ABROAD	
9.3 ADDRESS CLOSEST NEXT-TO-KIN ABROAD	

MINOR CHILD No 3

1. NAME	
2. SURNAME	
3. DOB	
4. GENDER (MALE - M / FEMALE - F)	
5. NATIONALITY	
6. ID NUMBER (EMIRATES ID)	
7. PASSPORT NUMBER (IF ANY)	
8. CLOSEST NEXT-TO-KIN ABROAD	
9.1 NAME OF CLOSEST NEXT-TO-KIN ABROAD	
9.2 CONTACT (EMAIL OR PHONE) CLOSEST NEXT-TO-KIN ABROAD	
9.3 ADDRESS CLOSEST NEXT-TO-KIN ABROAD	

WITNESS No. 1

1. NAME	
2. SURNAME	
3. ID NUMBER (Emirates ID) - if any	
4. PASSPORT NUMBER	
4. ADDRESS	
5. EMAIL	
6. PHONE	

BENEFICIARY No. 1

1. NAME	
2. BLOOD RELATION TYPE (IF ANY)	

3. DOB	
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**BENEFICIARY No. 2**

1. NAME	
2. BLOOD RELATION TYPE (IF ANY)	
3. DOB	

**BENEFICIARY No. 3**

1. NAME	
2. BLOOD RELATION TYPE (IF ANY)	
3. DOB	

**BENEFICIARY No. 4**



1. NAME	
2. BLOOD RELATION TYPE (IF ANY)	
3. DOB	
BENEFICIARY No. 4	
1. NAME	
2. BLOOD RELATION TYPE (IF ANY)	
3. DOB	

ADDITIONAL INFORMATION (at your discretion) (YES /NO)	
A. DO YOU HAVE REAL ESTATE IN <b>DUBAI</b> , INCLUDED IN THE WILL? (If yes, please share a copy of the title deed provided by the Dubai Land Department)	
A. DO YOU HAVE REAL ESTATE IN THE <b>DIFC</b> , INCLUDED IN THE WILL? (If yes, please share a copy of the title deed provided by the Dubai Land Department)	