



BARBADOS PUBLIC WORKERS  
CO-OPERATIVE CREDIT UNION LIMITED

# WILL PREPARATION APPLICATION FORM

(All sections to be completed in CAPITAL letters)

FULL NAME OF PERSON REQUESTING SERVICE CALLED TESTATOR/TESTATRIX:  
(As stated and spelt on your birth certificate)

RESIDENTIAL ADDRESS OF TESTATOR/TESTATRIX:

DATE OF BIRTH OF TESTATOR/TESTATRIX: (dd/mm/yy)

MARITAL STATUS: (Single/married/divorced)

FULL NAME OF HUSBAND OR WIFE (AS APPLICABLE):  
(As stated on birth certificate)

DATE OF BIRTH OF HUSBAND OR WIFE:  
(dd/mm/yy)

ADDRESS OF HUSBAND OR WIFE IF DIFFERENT FROM THAT OF TESTATOR/TESTATRIX:

ARE YOU PART TO A "UNION OTHER THAN MARRIAGE"?

(Union Other Than Marriage means a relationship between a man and a woman who have been continually living together in a household for a period of five (5) years or more as an economic and family unit.)

YES ( ) NO ( )

FULL NAME OF PARTNER:  
(As stated on birth certificate)

DATE OF BIRTH OF PARTNER:  
(dd/mm/yy)

CHILDREN OF MARRIAGE OR UNION OTHER THAN MARRIAGE? YES ( ) NO ( )

FULL NAMES OF CHILDREN:

DATES OF BIRTH OF CHILDREN:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_

- (1) \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)
- (2) \_\_\_\_/\_\_\_\_/\_\_\_\_
- (3) \_\_\_\_/\_\_\_\_/\_\_\_\_
- (4) \_\_\_\_/\_\_\_\_/\_\_\_\_
- (5) \_\_\_\_/\_\_\_\_/\_\_\_\_
- (6) \_\_\_\_/\_\_\_\_/\_\_\_\_
- (7) \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS(ES) OF CHILDREN IF DIFFERENT FROM YOUR OWN:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_



YES ( )            NO ( )	(State name of beneficiary)
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DO YOU HAVE A PENSION PLAN? YES ( )            NO ( )	WHO IS THE BENEFICIARY OF YOUR PENSION PLAN? (State name of beneficiary)
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**INSTRUCTIONS AS TO DISPOSAL OF YOUR ASSETS AND ANY SPECIAL FUNERAL REQUIREMENTS (To be discussed with the Legal Officer or the Securities Officer)**

<b>FEE OF \$175.00 PAID:</b> YES ( )            NO ( )	DISPOSITION OF WILL:
	DEPOSITORY OF WILL AT SUPREME COURT: YES ( ) NO ( )
	TO BE RETAINED BY MEMBER: _____ YES ( ) NO ( )

**DECLARATION OF DEBTS**  
(DEBTS OWED BY TESTATOR/TESTATRIX)

NATURE OF DEBT	AMOUNT OUTSTANDING	CREDITOR/LENDER	CONTACT PERSON AT CREDITOR/LENDER
MORTGAGE			
HIRE PURCHASE			
PERSONAL LOANS			
CREDIT UNION(S)			
OTHER			
OTHER			
OTHER			
OTHER			

**Is there an existing Engagement to be Married/a pending Marriage or Divorce or Dissolution of a Union other than Marriage?**

YES ( )            NO ( )

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ in the presence of \_\_\_\_\_  
(Name in BLOCK letters)

Signature of Testator/Testatrix \_\_\_\_\_            Signature of witness: \_\_\_\_\_

Identification Number of Testator/Testatrix \_\_\_\_\_