



APPLICATION FOR LAST WILL AND TESTAMENT AND LIVING WILL

To : Ms. K. Schoonraad
Physical Address : Room 201, MISA Centre, 12 Fir Drive, Northcliff Ext. 2, 2195
Postal Address : MISA, P.O. Box 1604, NORTHCLIFF, 2115
Fax : 011 – 678-4537
E-mail : karen@ms.org.za

Please “ ✓ ” the appropriate box

Last Will and Testament (Member Spouse)
 Living Will (Member Spouse)

Member's Details

(a) Mr/Mrs/Ms :
Surname :
Full Names :
I.D. No. :
MISA Membership No. :
Residential Address :
.....
Postal Address :
Tel. : (H) (.....)..... (W) (.....).....
Cell :
Fax : E-mail :

Spouse's Details

(b) Mr/Mrs/Ms :
Surname :
First Names :
I.D. No. :
Tel. : (H) (.....)..... (W) (.....).....
Cell :
Fax : E-mail :

Language preference : English Afrikaans

**Please submit your application by Hand, via Post, Fax or E-Mail.
PLEASE INFORM US ON ANY CHANGES I.R.T. YOUR TESTAMENT.
IT IS ADVISABLE TO REVISE YOUR TESTAMENT EVERY SECOND YEAR.**