

Request for Withdrawal

Name of Applicant:

I am the authorised agent for the Testator

I/we am/are the executor[s]

I am the Testator

Name of Testator:

Registration number:

Date of will/codicil

Purpose of withdrawal:

The Testator has died

Update or Amendment

Leaving the jurisdiction of the Falkland Islands

Other

Date of application:

Signed:

For Registry Office Use

Date received:

Approved?

If no, reason given:

Date:

Signed:

Date will/codicil withdrawn from Registry Office: