To:

ENQUIRIES ON WILLS, CODICILS AND OTHER TESTAMENTARY DISPOSITIONS OF DECEASED PERSONS

Application is hereby made by the undersigned for use of the Society's service on Enquiries on wills, codicils and other testamentary dispositions of deceased person with solicitors firms.

We certify that the following particulars are true and correct to the best of our knowledge and we attach a copy of the Death Certificate.

We understand and agree that the identity of our firm will be published in the will search notice and our client has been so notified.

Name of Deceased:		
	(Name in English)	
	(Name in Chinese)	•
	(Alias)(If applicable)(Both in English and Chinese)	
	(Alias)	
	(Alias)	
Identity Card No.:		
Date of Death:		
Name of Solicitor Fir	m:	
Capacity in which the is acting (e.g. for execute beneficiaries)		
Date this	day of	20
Signed (Solicitor mak	ing enquiry)	
Solicitor's Name (in I	Block Letters)	