

Form 01

PROBATE APPLICATION FORM

SECTION A

Details of Applicant					
Title		Forename		Surname	
Occupation		Date of Birth		Address	
Telephone		Email			
Previous Name (if any)		Relationship to the deceased (if any)		Nationality	
Proof of identity	Copy of Passport id attached (tick box)				
	Copy of Emirates id attached (if applicable) (tick box)			Yes	No
<p>Additional Information (if you are applying as an attorney on behalf of the person entitled to the grant, please state their name, address, and capacity in which they are entitled (e.g. relationship to the deceased) and attach a certified copy of the power of attorney)</p>					
<p>Name of other Applicants (if applicable)</p>					
Title	Forename		Surname		
<p>Failure to take up an appointment as an Executor</p>					
<p>Explanation (if a person is named in the deceased's will as an Executor but is not an applicant named above (or an attorney of such person), or otherwise entitled in accordance with the WPR Rules, please give full details and accompanying evidence (as required) confirming that the person in question has renounced Probate or otherwise has predeceased the testator or otherwise has been unable to be contacted by the other Applicants)</p>					

SECTION B

Type of Grant Applied For (tick box)			
Standard Grant of Probate (to a Person)		Standard Grant of Probate (to a Company)	Standard Grant of Administration (With Will Annexed)
Grant for Use and Benefit to Attorneys		Grant of Probate with Power Reserved	Grant Where Estate Partly Un-administered
Additional Information [gives details of why a Grant other than a Standard Grant of Probate is being applied for and in the case of a Standard Grant of Probate to a Company please attach a certified copy of the relevant Resolution giving the company the authority to make this application)			

SECTION C

Details of the DIFC WPR Registered Will			
Copy of Will (with appended Witness Statements, if applicable) attached (tick box)	Yes		No
Beneficiaries under the age of 21 named in the Will (tick box)	Yes		No
A witness of the will, or the spouse of any such witness, received a gift under the will or other testamentary documents (tick box)	Yes		No
Subsequent will or testamentary document referring to the testator's Dubai assets (tick box)	Yes		No
Details of the Deceased			
Title	Forename	Surname	
Previous or other Name (if any)	Forename	Surname	
Marriage subsequent to the date of registration of Will (tick box)	Yes		No
Nationality	Date of Birth	Address (last permanent)	
Religion (tick box)	Muslim	Non-Muslim	
Date of Death	Location of Death		
Certified Copy of Death Certificate (attached) (tick box) (in the English language (or the original with an official translation into English by a certified legal translator) issued by the appropriate authority)	Yes		No
Statement on Oath in absence of a Death Certificate (attached) (tick box)	Yes		No

Details of Surviving Spouse					
(only complete this part if the surviving spouse is not the Applicant to this Probate Application)					
Title		Forename		Surname	
Occupation		Date of Birth		Address	
Telephone		Email			
Previous Name (if any)		Nationality		Religion	
Additional Information					

SECTION D

Witness Statements, attached, if applicable (tick box)	
Witness Statement on behalf of an Executor under WPR Rule 27 and Rule 70	
Witness Statement where two or more persons entitled in the same degree under WPR Rule 31	
Witness Statement on behalf of a person requesting a Grant under WPR Rule 57	
Witness Statement on behalf of an officer of a company under WPR Rule 38	
Witness Statement in support of an application for permission to swear death under WPR Rule 80	

SIGNED BY

Name:	Signature:	Date:
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Form 02

GUARDIANSHIP ORDER APPLICATION FORM

SECTION A

Details of Applicant					
Title		Forename		Surname	
Occupation		Date of Birth		Address	
Telephone		Email		Nationality:	
Previous Name (if any)		Relationship to the deceased (if any) Wife			
Proof of identity	Copy of Passport id attached (tick box)			Yes	No
	Copy of Emirates id attached (if applicable) (tick box)			Yes	No
Additional Information					
Name of other Applicants (if applicable)					
Title	Forename		Surname		
Failure to take up an appointment as a Guardian					
Explanation (if a person is named in the deceased's will as a (joint) Guardian or otherwise entitled in accordance with the WPR Rules, please give full details and accompanying evidence (as required) confirming that the person in question has renounced Guardianship or otherwise has predeceased the testator or otherwise has been unable to be contacted by the other Applicants)					

SECTION B

Standard Guardianship ORDER		Interim Guardianship ORDER	
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SECTION C

Details of the DIFC WPR Registered Will							
Copy of Will (with appended Witness Statements, if applicable) attached (tick box)				Yes		No	
Subsequent will or testamentary document referring to the testator's Dubai assets (tick box)				Yes		No	
Details of the Deceased							
Title		Forename		Surname			
Previous or other Name (if any)		Forename		Surname			
Marriage subsequent to the date of registration of Will (tick box)				Yes		No	
Nationality		Date of Birth		Address (last permanent)			
Religion (tick box)		Muslim		Non-Muslim			
Date of Death		Location of Death					
Certified Copy of Death Certificate (attached) (tick box) (in the English language (or the original with an official translation into English by a certified legal translator) issued by the appropriate authority)				Yes		No	
Statement on Oath in absence of a Death Certificate (attached) (tick box)				Yes		No	

Details of Surviving Spouse					
(only complete this part if the surviving spouse is not the Applicant to this Probate Application)					
Title		Forename		Surname	
Occupation		Date of Birth		Address	
Telephone		Email			
Previous Name (if any)		Nationality		Religion:	
Additional Information					

SECTION D

Details of Surviving Minor(s)				
Title		Forename		Surname
		Date of Birth		Address
Telephone				
		Nationality		Religion:
Additional Information				
Witness Statements attached				
Witness Statement on behalf of a Guardian under WPR Rule 86				

SIGNED BY

Name:	Signature:	Date:
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