IN THE HIGH COURT OF FIJI *Form W1*
IN THE MATTER OF THE WILLS ACT, CAP 59

REGISTRATION OF WILL

Will Number: _____ **REGISTERED BY** _____

NAME OF TESTATOR/TESTATRIX : _____

(please state Alias if any) _____

NAME OF EXECUTOR(S) /EXECUTRIX (CES)/TRUSTEES(S):

_____

_____

_____

DATE OF WILL : _____ _____

DATE REGISTERED : _____

(Please provide full details) :_____

[*Name]*

_____

[*Signature]*

_____

[*Residential Address]*

_____

[*Postal Address]*

_____

[*Phone contact]*

_____

[Give *ID number – FNPF, Driving Licence, EVR, Passport]*

Checklist :

☐ Birth Certificate of Testator/Testatrix

☐ 2 Original Wills

Official Use only:

☐ **ID sighted and confirmed**

☐ **Entered into Database**

☐ **Date of Entry:** _____