



Form 01

PROBATE APPLICATION FORM

SECTION A

| Details of Applicant | | | | | |
|--|---|--|--|------------|----|
| Title | | Forename(s) including any middle name(s) | | Surname(s) | |
| Occupation | | Date of Birth | | Address | |
| Telephone | | Email | | | |
| Previous Name (if any) | | Relationship to the deceased (if any) | | | |
| 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 (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) | | | | | |
| Name of other Applicants (if applicable) | | | | | |
| Title | Forename(s) including any middle name(s) | | | Surname(s) | |
| | | | | | |
| | | | | | |
| Failure to take up an appointment as an Executor | | | | | |
| 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) | | | | | |

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 Courts 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 assets in the jurisdiction outlined in the DIFC Courts Will (tick box) | Yes | | No |
| Details of the Deceased Testator | | | |
| Title | Forename(s) including any middle name(s) | | Surname(s) |
| Previous or other name(s) (if any) | Forename(s) including any middle name(s) | | Surname(s) |
| Marriage subsequent to the date of registration of DIFC Courts 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(s) including any middle name(s) | | Surname(s) | |
| Occupation | | Date of Birth | | Address | |
| Telephone | | Email | | | |
| Previous Name(s) (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 | <input type="checkbox"/> |
| Witness Statement where two or more persons entitled in the same degree under WPR Rule 31 | <input type="checkbox"/> |
| Witness Statement on behalf of a person requesting a Grant under WPR Rule 57 | <input type="checkbox"/> |
| Witness Statement on behalf of an officer of a company under WPR Rule 38 | <input type="checkbox"/> |
| Witness Statement in support of an application for permission to swear death under WPR Rule 80 | <input type="checkbox"/> |

SIGNED BY

| | | |
|----------------|---------------------|----------------|
| Name: | Signature: | Date: |
|----------------|---------------------|----------------|



Form 02

GUARDIANSHIP ORDER APPLICATION FORM

SECTION A

| Details of Applicant | | | | | |
|---|---|--|--|--------------|----|
| Title | | Forename(s) including any middle name(s) | | Surname(s) | |
| Occupation | | Date of Birth | | Address | |
| Telephone | | Email | | | |
| Previous Name(s) (if any) | | Relationship to the deceased (if any) | | | |
| | | | | Nationality: | |
| 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 | |
|-----------------------------|--|----------------------------|--|

SECTION C

| | | | | | | |
|--|--|--|--|--------------------------|--|----|
| Details of the DIFC Courts 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 assets in the jurisdiction outlined in the DIFC Courts Will (tick box) | | | | Yes | | No |
| Details of the Deceased Testator | | | | | | |
| Title | | Forename(s) including any middle name(s) | | Surname(s) | | |
| Previous or other Name(s) (if any) | | Forename(s) including any middle name(s) | | Surname(s) | | |
| Marriage subsequent to the date of registration of DIFC Courts 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(s) including any middle name(s) | | Surname(s) | |
| Occupation | | Date of Birth | | Address | |
| Telephone | | Email | | | |
| Previous Name (if any) Scharlau | | Nationality | German | Religion: | |
| Additional Information | | | | | |

SECTION D

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

SIGNED BY

| | | |
|----------------|---------------------|----------------|
| Name: | Signature: | Date: |
|----------------|---------------------|----------------|