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|  | MINISTRY OF LAW  The Public Trustee  The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118  Website: https://pto.mlaw.gov.sg Tel: 1800-2255-529 Fax: 6224-2858  **SEARCH FOR INFORMATION ON WILLS**  This form may take you 5 minutes to complete.  Please return the completed form to the Public Trustee’s Office via Contact Us @ OneMinlaw (https://eservices.mlaw.gov.sg/enquiry/) | **Form 6** |
| **For Official Use** |
| **File Ref No.:** |
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| **IMPORTANT:** It is an offence to make any false statement or to produce any document which is false for any purposes connected with this application. Please sign against amendments made. Use of correction fluid/tape will render the application void. **Please submit together with the documents required.** An incomplete form will delay the processing of your application. | | |

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| **Documents Needed:** Please attach a copy of Identity Card as well as other documents stated in **Part C**. Please note that we will not release any information to you unless you are an approved applicant stated in **Part C.** |

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| 1. **PARTICULARS OF DECEASED/TESTATOR** | |
| Name: | Identity (ID) / Passport No:  Type of ID / Citizenship / PR: |
| Address: |  |
| 1. **PARTICULARS OF APPLICANT (Please attach a copy of Identity Card)** | |
| Name: | Identity (ID) / Passport No:  Type of ID / Citizenship / PR: |
| Address:  Email:       Tel: | Name of Law Firm (where applicable):  File Reference Number: |
| 1. **RELATIONSHIP TO DECEASED/TESTATOR\*** | |
| Solicitors Acting for the Estate  (Please attach Testator’s Death Certificate)    Solicitors Acting for the Beneficiary  (Please attach court and  other supporting documents)    Solicitors Acting for the person who  wishes to produce the information in  any Court Application  (Please attach court , ID of person and  other supporting documents)  \* Please tick where applicable | Next of Kin of Deceased  (Please attach Proof of relationship &  Testator’s Death Certificate)  Self - Testator searching on own Will  (Please attach Testator’s Identity Card)  Solicitors Acting for the person whose  Will is being searched ie Testator.  (Please attach Testator’s Identity Card)  Others  (Please attach supporting documents) |
| 1. **SIGNATURE** | |
| I declare that all the information I have given in this application form is true to the best of my knowledge and belief.   |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature of Applicant | Date | | |