

STRICTLY PRIVATE AND CONFIDENTIAL

“It is not rightful for a Muslim who has something to bequeath to sleep two consecutive nights without having his will written with him” – Sahih Al Bukari.



Islamic Will Writers

UK & SHARIAH COMPLIANT WILLS

QUESTIONNAIRE

Our Wills are drafted based on this comprehensive questionnaire. There may be some questions which do not apply to you but please answer all questions which are relevant to you. This will enable us to draft your Will accurately and tailored to your particular circumstances.

Please note that your Will is designed to be compliant with Islamic Law (Shariah) and is only valid in England and Wales. If you have assets abroad please contact us for further advice.

Please read the accompanying Guidance notes before completing this questionnaire. If you have any queries please contact:

info@islamicwillwriters.com

Please return your signed questionnaire to:

Islamic Will Writers
33 Manor Row
Bradford
BD1 4PS

NB: Please use capitals and black ink to complete the questionnaire.

Part A: Personal Details

Full name: _____

Date of birth: _____

Full postal address: _____

Telephone numbers

Home: _____

Work: _____

Mobile: _____

Email address: _____

Have you made a previous Will?

Yes (please supply copy) No

Are you permanently resident in England and Wales?

Yes No

Marital status

Married Divorced Single Contemplating marriage

Widowed Separated

Married couples

Nikah only Registered

Contemplating marriage

Full name of future spouse _____

Full name of your spouse _____

Date of your contemplated marriage _____

Part B: Family members

1. Please provide details of your children and grandchildren

Full name: _____

Address if different to your address: _____

Relation to you: _____

DOB: _____

Full name: _____

Address if different to your address: _____

Relation to you: _____

DOB: _____

Full name: _____
Relation to you: _____
DOB: _____

Address if different to your address: _____

Full name: _____
Relation to you: _____
DOB: _____

Address if different to your address: _____

Full name: _____
Relation to you: _____
DOB: _____

Address if different to your address: _____

2. Please give details of your parents and confirm whether they are alive or deceased

Full name of your father: _____

DOB: _____ Alive/deceased _____

Address: _____

Full name of your mother: _____

DOB: _____ Alive/deceased _____

Address: _____

3. If any of your parents are deceased please provide us with details of any living grandparents

Paternal grandfather: _____
Address: _____

Paternal grandmother: _____
Address: _____

Maternal grandfather: _____
Address: _____

Maternal grandmother: _____
Address: _____

4. Please state the number of brothers and sisters you have including half siblings

Full brothers

Full sisters

Half brothers from father

Half sisters from father

Half siblings from mother

Part C: Your Assets

If you answer 'Yes' to any of the following questions please provide details in **Part H** on page 8.

1. Is your estate worth more than £312,000?
(Current inheritance tax threshold)

Yes No

2. Are you a director of a company or a partner in
in a firm?

Yes No

3. Are you a beneficiary of a trust, whether
or not you receive income from it?

Yes No

4. Do you own any foreign property including bank
accounts?

Yes No

5. Do you own any agricultural assets?

Yes No

6. Do you own your home?

Yes No

7. How do you own your home?

Sole owner

Joint tenants

Tenants in common

Name of co-owner: _____

Name of co-owner: _____

Your share: _____

Part D: Appointment of Executors

It is recommended that you appoint at least two Executors especially if you have children under 18 years of age.

Full name: _____

Address: _____

Relationship: _____

Full name: _____

Address: _____

Relationship: _____

You may wish to appoint substitute Executors in the event that the original Executors cannot act for you for whatever reason.

Full name: _____

Address: _____

Relationship: _____

Full name: _____

Address: _____

Relationship: _____

Part E: Appointment of Guardians

Please indicate who you would like to act as Guardian(s) for your children in the event that **both** parents die before they reach the age of 18.

Full name: _____

Address: _____

Relationship: _____

Full name: _____

Address: _____

Relationship: _____

Please also provide details of substitute Guardian(s) should your original appointees become unable to carry out this role.

Full name: _____

Address: _____

Relationship: _____

Full name: _____

Address: _____

Relationship: _____

Part F: Distribution of 1/3rd of your estate

Please give details of any gifts – maximum of 1/3 of your estate – which you may wish to leave to those not automatically entitled to a share under the Qur'an. This can include gifts to charitable organisations and non Muslim relatives.

Gift 1

Full name of person/charity: _____

Address: _____

Amount/percentage: _____

Relationship: _____

Gift 2

Full name of person/charity: _____

Address: _____

Amount/percentage: _____

Relationship: _____

Gift 3

Full name of person/charity: _____

Address: _____

Amount/percentage: _____

Relationship: _____

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