

Dear Sir/Madam,

Please use the above reference for all communication and in order for me to complete your file could you complete the enclosed questionnaire and return it to me.

I look forward to hearing from you.

Yours faithfully.

**SELLER(S) CIVIL STATUS FORM**

**MALE**

|                                       |
|---------------------------------------|
| SURNAME :                             |
| Forename(s) (in order) :              |
| Place of birth (district if any):     |
| Nationality:                          |
| Date of birth:                        |
| Passport number:                      |
| Father's Surname and forename(s):     |
| Mother's Maiden name and forename(s): |
| Home Address:                         |
| Town:                                 |
| Country:                              |
| Post code:                            |
| Home Tel number:                      |
| Office Tel number:                    |
| Mobile number:                        |
| Fax:                                  |
| e-mail:                               |
| Name of present employer :            |
| Position held:                        |
| Name of former employer :             |
| Position held:                        |

**Marital Status :**

- Single
- Married                    if married, please complete the form on the following page
- Divorced
  - $\ddot{\circ}$  from Mrs.    , maiden name:
  - $\ddot{\circ}$  Date of decree nisi:
  - $\ddot{\circ}$  Court where the decree nisi was delivered:
- Separated
  - $\ddot{\circ}$  from Mrs:
  - $\ddot{\circ}$  Date of decree of marital separation:
  - $\ddot{\circ}$  Court where the decree was delivered:
- Widowed
  - $\ddot{\circ}$  Date and place of spouse's death:

**FEMALE**

|                                       |
|---------------------------------------|
| Surname:                              |
| Forename(s) (in order):               |
| Maiden name:                          |
| Place of birth:                       |
| Nationality:                          |
| Date of birth:                        |
| Passport number:                      |
| Father's Surname and forename(s):     |
| Mother's Maiden name and forename(s): |
| Home Address:                         |
| Town:                                 |
| Country:                              |
| Post code:                            |
| Home Tel number:                      |
| Office Tel number:                    |
| Mobile number:                        |
| Fax:                                  |
| e-mail:                               |
| Name of present employer :            |
| Position held:                        |
| Name of former employer:              |
| Position held:                        |

**Marital Status :**

- Single
- Married                    if married, please complete the form below
- Divorced
- $\ddot{\circ}$  from Mr:
- $\ddot{\circ}$  Date of decree nisi:
- $\ddot{\circ}$  Court where the decree nisi was delivered:
- Separated
- $\ddot{\circ}$  from Mr:
- $\ddot{\circ}$  Date of marital separation:
- $\ddot{\circ}$  Court where the decree was delivered:
- Widowed
- $\ddot{\circ}$  Date and place of spouse's death:

**Marriage contract**

Date and place of marriage:

If applicable, date and type of marriage contract:

