



Supreme Court
of New South Wales

Application to publish an online Notice of Intention to Apply for a Grant of Probate

You should only complete this form if you are unable to create an Online Registry account. A Notice of Intention to Apply for a Grant of Probate is to be published online at www.onlineregistry.lawlink.nsw.gov.au.

Lodge this form at the Registry on Level 5, 184 Phillip St, Sydney, or post to: Supreme Court, GPO Box 3, Sydney 2001. If posted, include payment of \$48.00, by money order or solicitor's cheque payable to Supreme Court of NSW.

Please note that the information you provide on this form will ultimately appear on the Grant of Probate and any corrections required to this notice will attract a fee of \$19.00.

Details about the Probate Notice (select 1 box only)

<input type="checkbox"/> Grant of Probate (Application by Executors named in Will)	<input type="checkbox"/> Grant for Reseal (Application following Grant in another jurisdiction*)
<input type="checkbox"/> Grant of Administration with Will Annexed (Application by beneficiaries named in will)	<input type="checkbox"/> Grant of Administration (Application where there is no will)

* Either another State or Territory within Australia, or an overseas jurisdiction in which the Queen is the Head of State.

Details of Applicant/s: executor's/administrator's email address and residential address

Applicant 1	Surname		Given Name/s	
Email address				
Residential Address	Street Address			
	Town/Suburb		State	Postcode
Applicant 2	Surname		Given Name/s	
Email address				
Residential Address	Street Address			
	Town/Suburb		State	Postcode
Applicant 3	Surname		Given Name/s	
Email address				
Residential Address	Street Address			
	Town/Suburb		State	Postcode

Details of Legal Representative

Name	Solicitor name (or state "not legally represented")		Firm	
PCN	Practicing Certificate number	Email address		
Firm Address	Street Address/PO Box			
	Town/Suburb		State	Postcode
Telephone	Firm telephone		Mobile (Optional)	

Contact details for this Notice – <i>this will be the information provided to creditors</i>		
Whose contact details should be published in the Notice?	<input type="checkbox"/> Legal Representative above	Applicant 1 <input type="checkbox"/> 2 <input type="checkbox"/> or 3 <input type="checkbox"/>
Who should enquiries and notification be sent to?	<input type="checkbox"/> Legal Representative above	Applicant 1 <input type="checkbox"/> 2 <input type="checkbox"/> or 3 <input type="checkbox"/>

Details about the Deceased – <i>ensure spelling is correct</i>			
Deceased's Name in Will	Surname	Given Name/s	
also known as	Surname	Given Name/s	
Date of death	On	Or between	& <input type="checkbox"/> Unknown
Place of last residence	<input type="checkbox"/> Australia	Town/Suburb	State Postcode
	<input type="checkbox"/> Overseas	Overseas City and Country	

Will & Codicils		
Are all Executors named in the Will applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(complete "Qualifications" below)</i>
Date of will	Date	<input type="checkbox"/> Undated
Date/s of Codicil/s	1 st Codicil: 2 nd Codicil:	<input type="checkbox"/> Undated <input type="checkbox"/> Undated

Notice of Intended Application for Reseal			
Jurisdiction (country) of Original Grant			
Original Grant	<input type="checkbox"/> Probate	<input type="checkbox"/> Administration	<input type="checkbox"/> Administration with the will annexed

Qualifications to the grant <i>(eg where the grant may differ to the original terms of the will)</i>
Provide additional information if the application is unusual, differs to the original terms of the will or imposes any limitations on the grant, for example: 1/ "The application is by the substituted executor. The instituted executor predeceased the testator and the other substituted executor renounced probate". 2/ "The application for probate is for a copy of the will. The grant of probate will be limited until the original will is proven."

Credit Card Payment				
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Type:	Mastercard: <input type="checkbox"/>	VISA: <input type="checkbox"/>	Amex: <input type="checkbox"/>	
Expiry Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount:	\$	<input type="text" value="48"/>		
Cardholder:	<input type="text"/>			
Signature:	<input type="text"/>			

OFFICE USE ONLY	Case Number
Receipt Date	Receipt Number Processed by