**FOR OFFICE USE:** Reference: \_\_\_\_\_\_\_\_\_\_\_\_

ANC signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANC Lodged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANC Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gerbers Junius Attorneys**

Incorporated



**ANTENUPTIAL QUESTIONNAIRE**

***Kindly complete this questionnaire in WORD format / write by hand in CAPITAL letters. Save and/or scan this document together with \*annexures and send to*** [***teresse@gerbers.co.za***](mailto:teresse@gerbers.co.za) ***or fax to 086 273 2975. Your ANC will be drafted within 24 hours. Please note that payment must be made before registration.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Marriage: | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **SECTION A** | | | | | | | |
|  | | | | |  | | |
| Details of **FIRST SPOUSE** | | | | | | | |
|  | | | | |  | | |
|  | | | | | | | |
| Full names | | | | |  | | |
|  | | | | |  | | |
|  | | | | | | | |
| Last name | | | | |  | | |
|  | | | | |  | | |
| Gender: | Male Female | | | | | | |
|  |  | | | | | | |
| Marital Status: | Single Divorced Widowed | | | | | | |
|  | | | | |  | | |
| South African Citizen: | | |  | | | | |
| Yes | | | |  | | | |
| No | | | |  | | | |
|  | | | |  | | | |
| South African Identity Number: | | | |  | | | |
|  | | | |  | | | |
| Mobile Number: | |  | | | | | |
|  | | | |  | | | |
| Residential Address: | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | Postal Code: |  |
| Page 2/… | | | | | | | |
| Details of **SECOND SPOUSE** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Full names | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Last name | | | | | | | |
|  | | | | | | | |
| Gender: | Male Female | | | | | | |
|  | | | | | | | |
| Marital Status: | Single Divorced Widowed | | | | | | |
|  | | | | | | | |
| South African Citizen: | | |  | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
|  | | | | | | | |
| South African Identity Number: | | | |  | | | |
|  | | | | | | | |
| Mobile Number: | |  | | | | | |
|  | | | | | | | |
| Residential Address: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | Postal Code: |  |
|  | | | | | | | |
| **SECTION B** | | | | | | | |
|  | | | | | | | |
| **Married OUT of Community** | | | | | | | |
|  | | | | | | | |
| WITHOUT accrual | | | | | | | |
| WITH accrual | | *(Please complete Section C)* | | | | | |
|  | | | | | | | |
| **SECTION C** | | | | | | | |
|  | | | | | | | |
| *If you have chosen to get married* ***WITH ACCRUAL****, please complete the following questions:* | | | | | | | |
|  | | | | | | | |
| **First Spouse** | | | | | | | |
|  | | | | | | | |
| Nett initial value of property to be excluded: | | | | | | | |
|  | | | |  | | | |
| R | | | | or **NIL** | | | |
|  | | | |  | | | |
| Assets excluded from accrual: | | | | | | | |
|  | | | | | | | |
| Page 3/… | | | | | | | |
| **Second Spouse** | | | | | | | |
|  | | | | | | | |
| Nett initial value of property to be excluded: | | | | | | | |
|  | | | |  | | | |
| R | | | | or **NIL** | | | |
|  | | | |  | | | |
| Assets excluded from accrual: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

Kindly attach the following annexures to your questionnaire:

1. Copy of Identity Document of both spouses;
2. Proof of Residential Address of both spouses.

**Please forward the completed questionnaire with annexures to** [**teresse@gerbers.co.za**](mailto:teresse@gerbers.co.za) **or fax to 086 273 2975. As soon as your completed questionnaire with annexures is received, we will draft your Antenuptial contract and contact you within 24 hours to arrange for the documents to be signed.**

**If you have any questions, please feel free to contact our office to arrange a meeting with the attorney, Mr. D Fouchè, 051 436 0321 /** [**teresse@gerbers.co.za**](mailto:teresse@gerbers.co.za)**.**

**OUR CONTACT DETAILS**

**Contact Person: Mrs. Teresse Claassens**

**Office: 051 436 0321**

**Cell: 079 660 8686**

**Fax: 086 273 2975**

**Address: 42A Dan Pienaar Drive**

**Dan Pienaar**

**Bloemfontein**

**9301**