







#### Getting Started

- 1. Visit www.wills.sal.org.sg
- 2. Click on Deposit of New WILL Record



#### Getting Started

- 1. SingPass For SingPass account holders
- 2. CorpPass For law firms or business entities
- 3. SAL ID For foreigners without SingPass account



#### Getting Started

SingPass Login
 Login using your SingPass if you have a SingPass account, and wish to deposit or search for a WILL record



#### Getting Started

 CorpPass Login
 Login using CorpPass if you are a law firm or business entity, depositing or searching a WILL record on behalf of the testator



#### Getting Started

SAL ID Login
 Login using a SAL ID
 account only if you are a
 foreigner, not holding a
 SingPass account.





#### Start Deposit

1. Click on Deposit of New WILL Record



#### Guidelines

 Read guidelines and terms of submission and click on Proceed





SAL WILLS		eServices	Getting Started	News & E	vents	FAQs Logout
						Welcome
Creating a New WILL	Record					
1 Select Case	2 WILL Deposit Details	3 Confirm Su	ubmission	4 Payment		5 Transaction Completion
-ields marked with * are manda	tory.					
	DONIWHO MADE TI					G
PARTICULARS OF PE	RSON WHO MADE TI	HE WILL				e
PARTICULARS OF PEI Details of Person Who Mac Name *	RSON WHO MADE TI	HEWILL	ID Type *		ID No.*	e
PARTICULARS OF PEI Details of Person Who Mac Name * TEST NAME	RSON WHO MADE TI	HEWILL	ID Type * Foreign Person		ID No.* 123456	e
PARTICULARS OF PEI Details of Person Who Mac Name TEST NAME Date of Birth	RSON WHO MADE TI	HEWILL	ID Type * Foreign Person Date of WILL *	×	ID No.* 123456	C
PARTICULARS OF PER Details of Person Who Mac Name * TEST NAME Date of Birth * 25/04/1970	RSON WHO MADE T	HEWILL	ID Type * Foreign Person Date of WILL * 04/03/2019	•	ID No.* 123456	E
PARTICULARS OF PER Details of Person Who Mac Name TEST NAME Date of Birth 25/04/1970	RSON WHO MADE TI	HEWILL	ID Type * Foreign Person Date of WILL * 04/03/2019 Contact No. *	•	ID No.* 123456	E

# WILL Deposit Details

4. Fill in the details of the testator (the person who had made the WILL)

\*Confirmation email with invoice will be sent to this email address



Address of Person Who Made the WILL						
Local Address Foreign Address						
P ease enter the Postal Code for auto-retrieval of Block No. and Street Nam	е.					
Postal Code*						
179803						
B ock/House No.*	Floor No.	Unit No.				
1	8	8				
S reet Name*	Building Name					
COLEMAN STREET	THE ADELPHI					
Select Local or Foreign Address						

# WILL Deposit Details

5. Fill in the address of the testator (the person who had made the WILL)



Will was drawn up by	Solicitor / Company	<ul> <li>Individual</li> </ul>			
PARTICULARS OF F	PERSON WHO DREV	V UP THE WILL	-		Θ
Solicitor / Company					
Name*			Name of Solicitor / Agent*	File Ref No.	
LAWFIRM			LAWYER	000	
Email*			Contact No.*		
EMAIL@EMAIL.COM.SG			91234567		
Will was drawn up by	Solicitor / Company	Individual			
PARTICULARS OF F	PERSON WHO DREV	V JP THE WILL			Θ
Individual					
Name*			ID Type*	ID No.*	
INDIVIDUAL			Foreign Person	123456	
Email*			Contact No.*		
EMAIL@EMAIL.COM.SG			91234567		
				-	
Select if WIL	L was drawn up by	a Solicitor/Com	pany OR by an Individual		

# WILL Deposit Details

6. Fill in the details of the person who drew up/drafted the WILL



#### Θ WHERE THIS WILL IS HELD Details of Where the WILL is Held Is the WILL Held at the Same Address as the Person Who Drew Up the WILL?\* Yes No Name\* File Reference No. EXAMPLE NAME (E.G. MASTER BEDROOM WARDROBE DRAWER) Address Where the WILL is Held Please enter the Postal Code for auto-retrieval of Block No. and Street Name. Postal Code\* 179803 Block/House No.\* Floor No. Unit No. 1 8 6 Street Name\* **Building Name** COLEMAN STREET THE ADELPHI Indicate the name of the person who is Exact location of where the holding the WILL and the address WILL is being kept may be where the WILL is being kept indicated in this field

# Depositing a WILL Record

## WILL Deposit Details

Fill in
 the details of where the
 WILL is being held



Do you want to add a second address? Yes	No		
Details of Where the WILL is Held (2nd Address)			
Is the WILL Held at the Same Address as the Person V	Vho Drew Up the WILL?	© Yes ● No	
Name*	File Re	eference No.	
EXAMPLE NAME 2	(E.G.	KITCHEN CABINET)	
Address Where the Will is Held (2nd Address)			
Local Address  Foreign Address			
Please enter the Postal Code for auto-retrieval of Block No	and Street Name.		
Postal Code*			
179803			
Block/House No.*	Floor	No.	Unit No.
1	8		5
Street Name*	Buildi	ng Name	
COLEMAN STREET	THE	ADELPHI	
	_		
Back	ext Reset S	ave & Exit Cancel	
Select if you would like to enter a second address where the WILL is being kept. Otherwise, select 'No'	] \[	Click here to continue to the next step	

# WILL Deposit Details

 Fill in the details of the second location where the WILL is being held (this section is optional)

REGIST	RY					
		eServices	Getting Started	News & Events	FAQs	Logout
					Welc	ome
Creating a New WILL	Record					
1 Select Case	2 WILL Deposit Details	3 Confirm Sub	omission	4 Payment	Transactio	5 on Completion
	Confirm	Details c	of WILL Dep	posit		
PARTICULARS OF PE	ERSON WHO MADE T	HE WILL				Θ
Details of Person Who Ma	ade the WILL					
Name TEST NAME			ID Type Foreign Person	ID 12	No. 3456	

#### **IMPORTANT NOTE**

Please ensure that all information displayed is accurate

A submission fee will be applicable upon submission and no amendments will be allowed after this submission. You will have to submit a new WILL record along with a new submission fee if you wish to make any amendments.



## Depositing a WILL Record

## **Confirm Details**

9. Verify the details of your submission and continue

\* Review and amend any changes before making payment. You may wish to screenshot this page for your reference.



SAL WILLS REGISTRY		eServices	Getting Started	News & Events	FAQs Logout		
					Welcome		
Creating a New WILL	Record						
1 Select Case	2 WILL Deposit Details	3 Confirm Su	bmission	4 Payment	5 Transaction Completion		
Online Payment							
PAYEE ADDRESS							
Address Retrieved From  Person who made the WILL  Person who drew up the WILL  Others (please provide address below)  Hilling Address  Local Address  Foreign Address							
Name* TEST NAME			Block/House No.* 1				
nioor No. 8			0 nit No. 8		]		
Select name and address of person toOtherwise, select 'Others' and manuallybill to for information to be auto-filledfill in name and address to bill to							

### Payment

10. Select or Fill in the details of the person to bill to



#### Payment

11. Confirm the fees and click **Pay** 







#### Transaction Completed

13. Print a copy of your Invoice/Receipt