

Fellowship of Professional Willwriters and Probate Practitioners



Reference Form

Applicant Name:

The above-named has applied for Membership of the Fellowship. As a nominated referee, we would be grateful if you would answer the questions below:

1. Have you known the applicant for more than 2 years? Delete as appropriate

Yes / No

2. Are you related to them? Delete as appropriate

Yes / No

3. In what capacity do you know the applicant?

4. Please give your opinion on the suitability of the applicant for membership e.g. level of integrity, professionalism etc.

Referee's Name:

Signature:

Contact Details:

Date:

Thank you for your co-operation in completing this form.

Please attach a business card or company headed paper if you are able to provide this.

Please return the completed form and attachment to the **Membership Services Officer, Fellowship of Professional Willwriters and Probate Practitioners, George House, Chequers Close, Malvern, Worcestershire, WR14 1GP.**