

Form 1 Application for Probate (r.2.2)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**PROBATE CASE NO. P OF**

**IN THE ESTATE OF**

Deceased's name

Applicant's name

Applicant's lawyer's name

**APPLICATION FOR PROBATE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for probate of the will dated \_\_\_\_\_.  
[and codicils dated \_\_\_\_\_] of the above deceased to be granted to  
\_\_\_\_\_, the executors named in the will [and codicils].  
names of executors

[If not all executors are applying:]

2. I am applying for probate because \_\_\_\_\_  
give reasons

3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
name and address of petitioner's lawyer OR  
petitioner's name and address, if petitioner does  
not have a lawyer

Form 2 Sworn Statement (r.2.2)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The document dated \_\_\_\_\_ signed in the margin by me and by the person before whom this sworn statement is made is, I believe, the last will of the deceased.

2. I am [the/an] executor named in the will and I have reached 18 years of age.

3. I believe the will has not been revoked.

4. I do not know of any other later will.

5. The will came into my possession \_\_\_\_\_.  
state how will came into person's possession

6. The witnesses to the will are \_\_\_\_\_ and \_\_\_\_\_  
name of first witness  
name of second witness

[If there are other executors:]

7. The other executors named in the will are \_\_\_\_\_

[If all executors are not applying for probate:]

8. \_\_\_\_\_ are not applying for probate.  
names of executors not applying

9. The deceased died on \_\_\_\_\_.  
date of death

10. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".

11. The deceased did not marry after the will was made.

12. The deceased had reached 18 years of age when the will was made.

13. The deceased left property in Vanuatu.

OR

13. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this because \_\_\_\_\_  
reasons for believing this

14. An inventory of all property of the deceased that I now know about is attached and marked "B". If I find out about any other property of the deceased I will tell the court about it.
15. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
16. If the Court grants probate to me I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.
17. I realise that if I do not administer the estate according to law I may be liable to a fine or imprisonment.

**SWORN** by

)  
)  
)

\_\_\_\_\_  
name of person making statement

\_\_\_\_\_  
signature of person making statement

on \_\_\_\_\_  
date

**BEFORE ME**

\_\_\_\_\_  
Signature of witness  
Commissioner for Oaths OR Notary Public

## ATTACHMENT B

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_ deceased.  
name of deceased  
last address and occupation

**DESCRIPTION**

Description sufficient to identify property

**ESTIMATED OR KNOWN VALUE**

VT  
amount

**TOTAL VT**

Form 3 Application for Administration (r.2.3)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR ADMINISTRATION**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for administration of the estate of the  
Applicant's name

above deceased be given to me.

2. I am applying for administration because \_\_\_\_\_  
give reasons

3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date

Form 4 Sworn Statement - Administration (r.2.2)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT - ADMINISTRATION**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The deceased died on \_\_\_\_\_ .  
date of death
2. I am applying for administration because \_\_\_\_\_  
give reasons
3. I know of no valid will left by the deceased.
4. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".
5. The persons entitled to the deceased's property are:  
\_\_\_\_\_  
give details of persons entitled and relationship, attaching birth etc certificates as necessary
6. The deceased left property in Vanuatu.  
  
OR
6. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this  
because \_\_\_\_\_.  
reasons for believing this
7. An inventory of all property of the deceased that I now know about is attached and  
marked "B". If I find out about any other property of the deceased I will tell the court  
about it.
8. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
9. If the Court grants administration to me I will administer the estate according to law  
and I will give a true account of my administration to the Court if it asks me to.
10. I realise that if I do not administer the estate according to law I may be liable to a fine  
or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT B**

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_ deceased.  
name of deceased  
last address and occupation

**DESCRIPTION**

Description sufficient to identify property

**ESTIMATED OR KNOWN VALUE**

**VT**  
amount

**TOTAL VT**

Form 5 Application for Administration with the will annexed (r.2.4)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR ADMINISTRATION WITH THE WILL ANNEXED**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I, \_\_\_\_\_ apply for probate of the will dated \_\_\_\_\_.  
 [and codicils dated \_\_\_\_\_] of the above deceased to be granted to  
 \_\_\_\_\_ , the executors named in the will [and codicils].  
names of executors
2. I am applying for administration because \_\_\_\_\_  
give reasons
3. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 date

Form 6 Sworn Statement – Administration with the will annexed (r.2.4)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT - ADMINISTRATION WITH THE WILL ANNEXED**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. The document dated \_\_\_\_\_ signed in the margin by me and by the person before whom this sworn statement is made is, I believe, the last will of the deceased.
2. I am [the/an] executor named in the will and I have reached 18 years of age.

[If applicant is a beneficiary]

3. I am a beneficiary named in the will.

OR

[If applicant is a creditor]

3. I am a creditor of the deceased because \_\_\_\_\_  
give reasons

OR

[If applicant is applying for another reason]

3. I am applying for administration because \_\_\_\_\_  
give reasons

4. I believe the will has not been revoked.
5. I do not know of any other later will.
6. The will came into my possession \_\_\_\_\_.  
state how will came into person's possession
7. The witnesses to the will are \_\_\_\_\_ and \_\_\_\_\_  
name of first witness  
name of second witness
8. The executors named in the will are \_\_\_\_\_
9. The executors are not applying for probate because \_\_\_\_\_.
10. The deceased died on \_\_\_\_\_.  
date of death
11. I believe the deceased is \_\_\_\_\_ referred to in  
name as in death certificate or other proof of death  
the death certificate or other proof of death attached and marked "A".
12. The deceased did not marry after the will was made.
13. The deceased had reached 18 years of age when the will was made.
14. The deceased left property with Vanuatu.

OR

14. I believe the deceased was at the time of death domiciled in Vanuatu. I believe this because \_\_\_\_\_.  
reasons for believing this
15. An inventory of all property of the deceased that I now know about is attached and marked "B". If I find out about any other property of the deceased I will tell the court about it.
16. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate
17. If the Court grants administration to me I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.

OR

[If administration being granted for a limited purpose]

17. If the court grants administration to me for \_\_\_\_\_ ,  
purpose  
I will administer the estate for that purpose according to law and I will give a true account of my administration to the court if it asks me to.
18. I realise that if I do not administer the estate [for that purpose] according to law I may be liable to a fine or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT B**

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_ name of deceased  
last address and occupation deceased.

**DESCRIPTION**

Description sufficient to identify property

**ESTIMATED OR KNOWN VALUE**

VT  
amount

TOTAL VT

Form 7 Advertisement (r.2.5)

### ADVERTISEMENT

\_\_\_\_\_ of \_\_\_\_\_  
name of deceased last address, occupation

died on \_\_\_\_\_ .  
date of death

\_\_\_\_\_ is applying for probate / administration  
name of person applying for probate/administration

of his/her estate. This means the right to distribute \_\_\_\_\_ property.  
name of deceased

Anyone who is opposed to probate/administration being granted to \_\_\_\_\_  
name of person applying  
must file a response in the Supreme Court before \_\_\_\_\_ .  
28 days after last broadcast

If no-one does this, the court will give the right to \_\_\_\_\_  
name of person applying

Anyone who thinks they are entitled to any property of \_\_\_\_\_  
name of deceased

or who thinks \_\_\_\_\_ owed them money, should  
name of deceased

contact \_\_\_\_\_ at \_\_\_\_\_ .  
name of person applying person's address or their lawyer's address

This notice is authorised by \_\_\_\_\_ .

Form 8 Sworn Statement – Advertisement if no response filed (r.2.6)

**[HEADING AS IN FORM 1]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. I am applying for \_\_\_\_\_ of the estate of  
probate OR administration

\_\_\_\_\_ of \_\_\_\_\_ .  
name of deceased last address, occupation

2. I caused an advertisement about this to be broadcast on the radio on  
\_\_\_\_\_ at \_\_\_\_\_, and on  
date of first broadcast time

\_\_\_\_\_ at \_\_\_\_\_, and on  
date of second broadcast time

\_\_\_\_\_ at \_\_\_\_\_ .  
date of third broadcast time

3. A copy of the advertisement that I believe was broadcast is attached marked "A".

4. The receipt for the broadcasting of this advertisement is attached.

**[JURAT ETC AS IN FORM 2]**

Form 9 Grant of Probate (rr.2.7, 3.3)

IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)

PROBATE CASE NO. P OF

IN THE ESTATE OF

Deceased's name

**PROBATE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_ .  
date of death

**PROBATE** of the will dated \_\_\_\_\_ [and codicil dated \_\_\_\_\_ ]  
date of will date of codicil

of the above deceased is granted to \_\_\_\_\_  
names of executors

the executors named in the will [and codicil].

A true copy of the will [and codicil] is annexed.

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Judge

Seal Of Court

Form 10 Grant of Administration (rr.2.7, 3.3)

**[HEADING AS IN FORM 9]**

**ADMINISTRATION**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

**ADMINISTRATION** of the estate of the above deceased is granted to

\_\_\_\_\_  
names

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

**[DATE, SIGNATURE + SEAL AS IN FORM 9]**

\_\_\_\_\_

Form 11 Grant of Administration with the will annexed (rr.2.7, 3.3)

**[HEADING AS IN FORM 9]**

**ADMINISTRATION WITH THE WILL ANNEXED**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

**ADMINISTRATION** with the will dated \_\_\_\_\_ [and codicil dated \_\_\_\_\_ ]  
date of will date of codicil

annexed of the estate of the above deceased is granted to \_\_\_\_\_  
names of executors

A true copy of the will [and codicil] is annexed.

The sworn value of the estate is under VT \_\_\_\_\_  
total value of estate

**[DATE, SIGNATURE + SEAL AS IN FORM 9]**

Form 12 Response (r.3.1)

**[HEADING AS IN FORM 1]**

**RESPONSE**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation  
who died on \_\_\_\_\_.  
date of death

1. \_\_\_\_\_ has applied for  
applicant's name

probate OR administration OR administration with the will annexed  
in the above estate.

2. I \_\_\_\_\_ of \_\_\_\_\_  
respondent's name address

oppose the grant being made to \_\_\_\_\_  
name of person being opposed

because \_\_\_\_\_  
reasons

3. Probate OR administration OR administration with the will annexed should be granted  
to \_\_\_\_\_  
name of person to whom grant should be made

4. The address for service of documents is: \_\_\_\_\_  
respondent's address or respondent's lawyer's address

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

Form 14 Caveat (r.3.4)

**IN THE SUPREME COURT OF  
THE REPUBLIC OF VANUATU  
(CIVIL JURISDICTION)**

**PROBATE CASE NO. P OF**

**IN THE ESTATE OF**

\_\_\_\_\_  
Deceased's name

\_\_\_\_\_  
Caveator's name

\_\_\_\_\_  
Caveator's lawyer's name

**CAVEAT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ of \_\_\_\_\_  
caveator's name address

claim an interest as \_\_\_\_\_  
state relationship with deceased or nature of interest

in the estate of the deceased.

2. I demand that nothing be done in connection with the estate without notice to me.

3. My address for service is \_\_\_\_\_  
address in Vila for service of documents

\_\_\_\_\_  
signature of caveator

\_\_\_\_\_  
date

Form 14 Application to withdraw caveat (r.3.1)

**[HEADING AS IN FORM 13]**

**APPLICATION TO WITHDRAW CAVEAT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ of \_\_\_\_\_  
caveator's name address

apply to withdraw the caveat I filed on \_\_\_\_\_  
date caveat filed

\_\_\_\_\_  
signature of caveator

\_\_\_\_\_  
date

Form 15 Application for reseal of foreign grant (r.4.1)

**[HEADING AS IN FORM 1]**

**APPLICATION FOR RESEAL OF FOREIGN GRANT**

In the estate of \_\_\_\_\_ late of \_\_\_\_\_ ,  
deceased's name last address, occupation

who died on \_\_\_\_\_  
date of death

1. I \_\_\_\_\_ apply for  
applicant's name

probate of the will

OR

administration of the estate

of the above deceased granted by the \_\_\_\_\_  
full name of court and country

to \_\_\_\_\_ , to be sealed with the seal of this Court.  
names

2. The address for service of documents is: \_\_\_\_\_  
applicant's address or applicant's lawyer's address

\_\_\_\_\_  
Signature of applicant or applicant's lawyer

\_\_\_\_\_  
date

Form 16 Sworn Statement – Reseal of foreign grant (r.4.1)

**[HEADING AS IN FORM 9]**

**SWORN STATEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_, swear the following is true:  
name of person making statement address and occupation

1. Probate of the will OR administration of the estate of the deceased was granted by

\_\_\_\_\_  
full name of court and country  
 to me on \_\_\_\_\_  
date

OR

to \_\_\_\_\_ on \_\_\_\_\_  
name date

The grant has not been revoked. A copy of the grant is attached marked "A".

2. I am [the/a] person to whom probate OR administration was granted.

OR

2. I am authorised under a power of attorney by the executor OR administrator of the deceased to make this application. I have not received any notice of revocation of the power of attorney. A copy of the power of attorney is attached marked "B".

3. The deceased left property in Vanuatu.

4. An inventory of all property of the estate I now know about is attached and marked "C". If I find out about any other property of the deceased I will tell the court about it.

5. The estate has an estimated gross value of VT \_\_\_\_\_ .  
value of estate

6. If the Court reseals the probate OR administration I will administer the estate according to law and I will give a true account of my administration to the Court if it asks me to.

7. I realise that if I do not administer the estate according to law I may be liable to a fine or imprisonment.

**[JURAT ETC AS IN FORM 2]**

**ATTACHMENT C**

Inventory of property of the estate of \_\_\_\_\_

of \_\_\_\_\_ deceased.  
name of deceased  
last address and occupation

DESCRIPTION

Description sufficient to identify property

ESTIMATED OR KNOWN VALUE

VT  
 amount

TOTAL VT

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