

File note for witnessing a will by audio video link

EVERYTHING MUST BE DONE ON THE SAME DAY

Date:	Start time:	End time:		File no.:
Audio visual conference platform				
Practitioner's name				
Testator's name				
Location of testator during the audio visual conference				
Name, residential address and contact number of other witness			Location during audio visual conference: <input type="checkbox"/> with testator <input type="checkbox"/> with practitioner <input type="checkbox"/> on video conference	
The will	[document description and document number if available]			

How verification of identity performed

Testator is well known to me and recognisable by sight on the audio visual link
or

Testator's identity was confirmed by _____

How will was delivered to testator

The will was sent to the testator by:

- Email address to the testator at email address: _____ on ___/___/___ day atam/pm.
- By ordinary post addressed to testator at _____ [address]
- Hand delivery by _____ at _____ [address]
- _____ [other]

The testator's environment and demeanour

- I asked the testator whether anyone was in the room with them or otherwise nearby.

The testator's answer: _____

If someone was present:

- He/she/they left the room or
- At the testator's insistence he/she/they remained only as a support person. His/her/their name and relationship to the testator was _____

- I explained their role was only to support the testator and not to prompt or answer for the testator or seek to influence them in any way. _____

My observations of the testator's environment and demeanour were:
