

## NOTES FOR COMPLETION OF CLAIM FORMS

### 1. AFFIDAVIT

- 1.1 **Completion and Signature** - The Commissioner of Oaths must print his/her full name and business address below his/her signature and state his/her designation and the area for which he/she holds his/her appointment of office, held by him/her if he/she holds his appointment ex officio.

Alterations must be initialled by Declarant and Commissioner of Oaths.

- 1.2 **Security** - If security is claimed, then the amount at which the creditor values such security must be inserted. A secured creditor who relies upon his security should state the fact on the Affidavit. {See 2.5 below as well as Clause 6 of the Claim document}

### 2. SUPPORTING VOUCHERS

- 2.1 **Goods supplied on Open Account** - A detailed Statement supporting the Affidavit must be attached to the claim, showing the monthly total and a brief description of the purchases and the payments for the full period of trading or for a period of 12 months immediately prior to the date of sequestration/liquidation, whichever is the lesser.

Furnish explanations why any item is dated after Insolvency/Liquidation.

- 2.2 **Money lent** - Annex detailed Statement of Account plus Acknowledgement of Debt or receipts or paid cheques.
- 2.3 **Interest** - Must be calculated to date of Provisional Order of: Liquidation/Sequestration. Rate of interest and periods must be shown. {No interest is claimable on open accounts unless an agreement by the debtor to pay such interest is annexed}.
- 2.4 **Legal Charges** - Annex a Taxed Bill of Costs reflecting the dates of the items therein.
- 2.5 **Mortgage Bonds and Credit Agreements** - Annex original documents, detailed statements and certificate of balance. Refer to 1.2 above re valuation of security and 2.3 above re calculation of interest.
- 2.6 **Rent** - Annex original lease {if any} and detailed statement of rent due up to date of Provisional Order of Sequestration/Liquidation showing rental and periods.
- 2.7 **Suretyship** - Annex original documents and detailed statement of claim against principal debtor.

### 3. POWER OF ATTORNEY

Where a limited Company proves a claim, the Power of Attorney must be signed by a Director or any other person authorised by Resolution and a copy of such Resolution, as per enclosed documents must be annexed to the Power of Attorney.

### 4. VOTING

Should you be unable to attend the meeting, and you are prepared to agree to a representative to be appointed by the General Body of creditors, may we suggest that the POWER OF ATTORNEY be completed with the relevant portion left blank and initialled.

# CLAIM

## AFFIDAVIT FOR THE PROOF OF ANY CLAIM OTHER THAN A CLAIM ON PROMISSORY NOTE OR OTHER BILL OF EXCHANGE (SECTION 44(4) OF THE INSOLVENCY ACT 24 OF 1936)

<b>INSOLVENT ESTATE OF</b> _____		
<b>NAME IN FULL OF CREDITOR</b> _____		
<b>ID number</b> _____	<b>E-mail</b> _____	<b>Cell</b> _____
<b>ADDRESS IN FULL</b> _____		
<b>POSTAL ADDRESS</b> _____		<b>CODE</b> _____
<b>TOTAL AMOUNT OF CLAIM</b>	<b>R</b> _____	_____

I, \_\_\_\_\_ hereby declare under oath and say:

1. That I am \_an employee\_\_\_\_\_ of \_\_\_\_\_  
(hereinafter referred to as the said Creditor)
2. That \_\_\_\_\_  
whose estate has been sequestrated/liquidated, was at the date of sequestration/liquidation and still is,  
indebted to the said creditor in the sum of {words} \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ {reason for debt}
3. That the said debt arose in the manner and at the time set forth in the account hereunto annexed.
4. That no other person besides the said INSOLVENT/COMPANY/CLOSE CORPORATION is liable {otherwise that as surety} for the said debt or any part thereof.
5. That the said creditor has not, nor has any other person, to my knowledge on the said creditor's behalf received any security for the said debt or any part thereof save and except:  
\_\_\_\_\_ NONE \_\_\_\_\_  
which security I value at R\_\_\_\_ N/A\_\_\_\_\_
6. That I rely/do not rely upon my security in full settlement of this claim. (Delete which is not applicable)
7. That the claim was not acquired by cession after the institution of the proceedings by which the estate was sequestrated/liquidated.

\_\_\_\_\_  
Signature of Declarant

I certify that the Declarant acknowledged that he/she is familiar with the contents of the abovementioned affidavit, that he/she has no objection to taking the prescribed oath and that he/she regards the oath to be binding on his/her conscience.

Signed and sworn before me at \_\_\_\_\_ on \_\_\_\_\_ 20

\_\_\_\_\_  
Commissioner of Oaths

**CLAIM : SALARY**

RE: \_\_\_\_\_  
(NAME OF COMPANY/CLOSE CORPORATION IN LIQUIDATION)

This is to certify that Mr/Mrs/Miss \_\_\_\_\_

is allowed to claim the following amounts owed (arrears) as at date of liquidation : -

<u>DESCRIPTION</u>	<u>AMOUNTS</u>	<u>PERIOD (i.e.dates)</u>
Rate of pay (hourly, daily, weekly, monthly)		R_____
1. <b>Salary</b> Preferent claim: Maximum amount of R12 000,00 for salary or wages and for a period that does not exceed 3 months prior to the date of liquidation.	R_____	From_____
		To_____
2. <b>Leave Pay</b> Preferent claim: Maximum amount of R4 000,00 for leave due to the employee as a result of employment in the year of insolvency or the year before.	R_____	From_____
		To_____
3. <b>Other form of absence</b> Payment for any other form of absence: Maximum amount of R4 000,00 and for a period that does not exceed 3 months.	R_____	From_____
		To_____
4. <b>Severance/Retrenchment</b> One week's salary for each year of service completed: Maximum amount of R12 000,00	R_____	From_____
		To _____
5. <b>Concurrent claim:</b> Other monies due (please supply full particulars i.e. monies deducted from salary in respect of Medical Aid Fund, Pension, etc. but not paid over to Fund) Maximum amount of R12 000,00.		
	R_____	From_____
		To _____
<b>TOTAL AMOUNT DUE</b>	<b>R_____</b>	

\* \_\_\_\_\_  
SIGNED

For: \_\_\_\_\_ (Company Stamp)

\* This letter must be signed by the Managing Director/Director/Financial Manager/Manager or Bookkeeper of the Company/Close Corporation in liquidation.

\*\* Attach hereto a copy of Salary Advice

In the matter/Insolvent Estate of ..... (In Liquidation)  
In die saak/Insolvente Boedel van ..... (In Likwidasie)

### REMITTANCE INSTRUCTIONS / BETALINGSADVIES

Please arrange payment of dividends of any other funds to me as a result of the  
Reël asseblief vir die betaling van dividende of enige fondse wat aan my toegeken word wees die

sequestration/liquidation of .....  
sekwestrasiel/likwidasiel van .....

as follows:  
as volg:

**Deposit direct to:**  
**Deponeer direk in:**

Name of Bank/Institution: .....  
Naam van Bank/Instelling: .....

Branch: .....  
Tak: .....

Account number: .....  
Rekeningnommer: .....

Branch Code: .....  
Takkode: .....

Name of Holder of Account: .....  
Naam van Rekeninghouer: .....

(**Please note:** Payments will be made to the creditor whose claim has been proved. The account to which the payment will be made must bear the same name)

(**Let wel:** Betalings sal slegs betaalbaar gemaak word aan die bewese krediteur, derhalwe moet die naam van die rekening en dié van die krediteur, ooreenstem)

.....  
Date  
Datum

.....  
Authorised Signatory  
Ondertekenaar

.....  
Capacity (Duly authorised thereto)  
Hoedanigheid (Behoorlik daartoe gemagtig)

Stamp in case of business  
Stempel in geval van besigheid