

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)

INSOLVENT ESTATE OF: _____

NAME IN FULL OF CREDITOR: _____

Registration number/ID number: _____

ADDRESS IN FULL _____

TEL: _____ PO BOX _____ CODE _____

TOTAL AMOUNT OF CLAIM: R _____

I, _____ hereby declare under oath and say:

1. That I am an employee of _____
(hereinafter referred to as the said Creditor)

That the content of this affidavit full within my personal knowledge, except where otherwise indicated and are both true and correct. I am fully cognisant with the claim due to my personal involvement.

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 R _____ (_____

_____ (amount in words)

for _____ **ARREAR SALARIES, SEVERANCE, LEAVE AND BONUS** _____ {reason for debt}

3. That the said debt arose in the manner and at the time set forth in the account hereunto annexed. [~~Section 44(6)~~]

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:

_____ NOT APPLICABLE _____

which security I value at R _____ NOT APPLICABLE _____

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

POWER OF ATTORNEY TO PROVE CLAIMS IN INSOLVENT ESTATES PROKURASIE VIR DIE BEWYS VAN EISE IN INSOLVENTE BOEDELS

I, the undersigned
Ek, die ondergetekende

in my capacity as
in my hoedanigheid as **AN EMPLOYEE**

of
van _____
(hereinafter referred to as the said creditor / hierna verwys as die genoemde skuldeiser)

do hereby nominate, constitute and appoint
benoem, konstitueer en stel hiermee aan : _____

with power of substitution to be the said creditor's lawful attorney
and agent in the said creditor's name, place and stead to attend all
meetings of creditors in the insolvent estate of

met mag van substitusie om die genoemde skuldeiser se wettige
prokureur en agent te wees, en in die genoemde skuldeiser se naam
en namens die genoemde skuldeiser alle vergaderings van
skuldeisers by te woon, in die insolvente boedel van

_____ (hereinafter referred to as the estate / hierna genoem die boedel)

on the said creditor's behalf to prove the said creditor's claim and to
exercise on the said creditor's behalf all voting and other powers in
respect of such claim particularly in respect of the appointment of a
trustee/ liquidator/judicial manager and/or any offer of composition
and/or submission to arbitration of any dispute and/or the
composition or admission of any claim against the estate and to give
the trustee(s)/ liquidator(s)/judicial manager(s) directions as to the
administration of the estate and generally to act on the said
creditor's behalf at all meetings of the estate in all matters and
things in which the said creditor's interests are concerned, hereby
promising to ratify and confirm whatsoever the said agent may do
or perform by virtue of these presents.

en namens die genoemde skuldeiser, die genoemde skuldeiser se
eis te bewys, en om namens die genoemde skuldeiser te stem en
om alle magte uit te oefen ten opsigte van sodanige eis met
betrekking tot die aanstelling van 'n kurator/likwidateur/geregtelike
bestuurder en/of enige aanbod van komposisie en/of voorlegging tot
arbitrasie van enige dispuut en/of die komposisie of toelating van
enige eis teen die boedel en om aan die
kurator(s)/likwidateur(s)/geregtelike bestuurder(s) aanduiding te
gee, in verband met die administrasie van die boedel en om in die
algemeen op te tree namens die genoemde skuldeiser op alle
vergaderings van die boedel in alle sake waarin die genoemde
skuldeiser belange het, en belowe hiermee om goed te keur en te
bekragtig wat ook al die genoemde agent mag doen of teweeg bring
uit krag hiervan.

Dated at _____ on _____ 20_____

Gedateer te _____ op _____ 20_____

As witnesses
As getuies

1. _____

2. _____

Signature/Handtekening

In the matter/Insolvent Estate of
In die saak/Insolvente Boedel van _____

(In Liquidation)
(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/judicial management of
sekwestrasiel/likwidasiel/geregtelike bestuur 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:** Cheques will be made payable to the creditor whose claim has been proved and the account to which the dividend cheque will be deposited must bear the same name)

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

- Post** my cheque direct to me at the postal address recorded on my Affidavit for Proof of Claim
Pos my tjek direk aan die posadres wat op die eisdokumente verskyn.

.....
Date
Datum

.....
Authorised Signatory
Ondertekenaar

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

Stamp in case of business
Stempel in geval van besigheid

BREAKDOWN OF CLAIM FOR SALARY/WAGES

Name of Estate:

Name of Employee:

Address of Employee:

| |
|--|
| |
| |
| |

| | AMOUNT | PREFERENT CLAIM | CONCURRENT CLAIM |
|----------------------------------------------------------------------|--------|-----------------|------------------|
| Outstanding Salary/Wages (R12 000.00 preferent) | | | |
| Leave Pay | | | |
| Severance Pay (1 week for every year employed)(R12 000.00 preferent) | | | |
| Pro Rata Bonus due | | | |
| Provident/Pension Fund Contribution not paid over to fund | | | |
| Medical aid contribution not paid over to fund | | | |
| Notice Pay (Concurrent) | | | |
| Other (Specify) | | | |
| Total | | | |

TOTAL AMOUNT OF CLAIM

| |
|--|
| |
|--|