
Claim form as required by section 44(4) and 44(6) of The Insolvency Act 24 of 1936

In the Insolvent Estate of: _____ (In Liquidation)

Name of creditor: _____
(herein referred to as the said Creditor)

Address in full: _____

Postal address: _____

Telephone number: _____

Cell phone number: _____

Email Address: _____

Banking details: _____

Total Amount of claim: R _____

I, _____ do hereby make oath and state that:

1. I am _____ of _____
_____.
2. I have personal knowledge of the facts hereinafter stated.
3. That _____ whose estate was
sequestrated/liquidated is still indebted to _____
in the sum of R _____
(_____)
(Amount in words)
for _____
4. The said debt arose in the manner and at the time set forth in the account hereunto annexed.
5. No other person besides _____ is liable for the said debt
or any part thereof.

6. The said Creditor has not, nor has any other person, to my knowledge on its behalf, received any security for the said debt or any part thereof save and except _____
_____. Which security the said Creditor values at R _____
7. The said Creditor _____ solely on the proceeds of the property which constitutes its security for the satisfaction of his/her/its claim
8. 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 this Affidavit was signed and sworn to before me on the _____
at _____ by the deponent who has acknowledged:

- a) That he/she knows and understands the contents of the declaration;
- b) That he/she has no objection to taking the prescribed oath; and
- c) He/she considers the prescribed oath binding on his conscience; and
- d) Uttered the words "I swear that the contents of this declaration are true, so help me God", alternatively "I truly affirm that the contents of this declaration are true".

Full name and physical address of Commissioner

STATEMENT OF ACCOUNT

in terms of Section 44(6) of the
Insolvency Act.

In the case of the claim being and attached to your in respect of goods
sold and delivered on an open account. This statement should be
completed in every respect claim document.

Name and Address of Creditor:

Name of Insolvent Estate/Company/
Close Corporation in Liquidation:

Brief Description of goods Supplied:

DETAILS OF SALES

Date	Invoice No.	Amount	Monthly Totals (Not Progressive)

TOTAL DEBITS "A" R _____

DETAILS OF PAYMENTS RECEIVED AND CREDITS ALLOWED

Date	Payments or Credits (Specify)	Amount	Monthly Totals (Not Progressive)

TOTAL DEBITS "B" R _____

AMOUNT OF CLAIM AS PER AFFIDAVIT i.e. "A" LESS "B" R _____

- NOTE:
- (1) If no payments were received or credits given, state "NIL" under "B".
 - (2) "A" and "B" must reflect full period of trading or for period of 12 months before date of liquidation / sequestration, whichever is the lesser.
 - (3) A brief description of goods sold must be given i.e. Groceries, Clothing

[ONLY COMPLETE IF THE CREDITOR IS A TRUST]

EXTRACTS OF THE MINUTES OF A MEETING OF THE TRUSTEES OF

(“the TRUST”)

HELD AT: _____

ON: _____

TRUSTEES PRESENT:

TRUSTEES ABSENT:

1. _____

1. _____

2. _____

2. _____

3. _____

4. _____

THE ABOVE TRUST HEREBY RESOLVE:

In the Insolvent Estate of:

_____ (In Liquidation)

that _____ be authorised to sign all documents on behalf of the Trust, to prove claims on behalf of the Trust and to sign powers of attorneys with powers of substitution to act on behalf of the Trust at any meeting of creditors convened in terms of the Company, Companies and/or Insolvency Acts.

SIGNED ON BEHALF OF THE TRUST at _____ this _____ day of _____ 2021.

1. _____

2. _____

3. _____

4. _____

(Authorized herewith)

**[TO BE COMPLETED IF THE CREDITOR IS A CLOSE CORPORATION, COMPANY, PARTNERSHIP OR TRUST]
POWER OF ATTORNEY TO PROVE CLAIMS ETC.**

In the Insolvent Estate of: _____ (In Liquidation)

I/We, the undersigned: _____

our capacity as*: MEMBER/DIRECTOR/TRUSEE/PARTNER of

hereinafter referred to as the said Creditor), Do hereby nominate, constitute and appoint**

jointly and severally, with power of substitution to be my/our lawful Attorney/s and Agent/s in my/our name, place and stead, to appear before the Master of the High Court, or before the Magistrate, or before any Presiding Officer, at his or their office, likewise before any Commissioner, and to appear at all Meetings of Creditors to be held in the above matter and then and there as my/our agent in act and deed to prove and file my/our claim or claims against the estate or the company in liquidation or the company under Judicial Management, as the case may be; to vote for the election of a Trustee, to vote for the election of a Liquidator, to vote for the election of a Judicial Manager as the case may be; to give the Trustee/s or the Liquidator/s or the Judicial Manager/s directions as to the management thereof; on my/our behalf to examine any person or persons, and further to represent my/us in all matters relating to the Estate or Company in liquidation or Company under Judicial Management, as the case may be, including the right to vote on an Offer of Compromise, Scheme of Arrangement or Composition, and generally for effecting the purposes as I/we might or could do if personally present and acting therein, hereby ratifying allowing and confirming and promising and agreeing to ratify, allow and confirm all and whatsoever my/our said Attorney/s and Agent/s shall lawfully do or cause to be done in the premises by virtue of these presents

GIVEN under my/our hand at _____ this _____ day of

_____ 20 _____

AS WITNESSES

(Duly Authorized)

1. _____

2. _____

Insert here whether Director, Owner or Partner

** Name of Firm, Company or Initial in right margin authorizing us to appoint a representative.

PS A Manager or Secretary may only sign if his authority has been registered with the Master of the High Court, or if a Certified copy of a resolution of the Board of Directors of the Company authorizing such Manager or Secretary to sign is lodged with the claim.

NOTES ON COMPLETION OF CLAIM FORM

PLEASE TAKE NOTE OF THE FOLLOWING PRIOR TO COMPLETION OF THE CLAIM FORM

CLAIM FORM/AFFIDAVIT

- Deponent and Commissioner should initial **every page** of the claim including the attached supporting documents.
- Commissioner of Oaths must print his **full names (not initials)** and business address below his signature.
- Any alterations must be initialed by both the deponent and the Commissioner of Oaths.
- A secured creditor, who relies upon his security should state such a fact at the applicable section on the claim form security as well as the amount at which the creditor values such security must be inserted.

RESOLUTIONS i.e. "MINUTES OF THE EXTRACTS OF A MEETING OF..."

- Deponent should only complete the applicable resolution e.g. if the creditor is a Close Corporation complete the resolution marked "ONLY COMPLETE IF CREDITOR IS A CLOSE CORPORATION".
- Remember to delete the not applicable MEMBER/DIRECTOR/TUSTEE/PARTNER.
- No Resolution is necessary if the creditor is a person claiming within his/her personal capacity.

POWER OF ATTORNEY

- If the creditor is a Company/Close Corporation, Trust or Partnership the correct Power of Attorney, marked as such should be completed and signed by the person duly authorized in terms of the Resolution to do so.
- If the creditor is a person claiming within his/her personal capacity the, the correct Power of Attorney marked as such should be completed.
- In ALL instances, the Power of Attorney should be signed by TWO independent witnesses.

SUPPORTING VOUCHERS

- **Services Rendered:** Annex copies of invoices and proof of payments to claim form
- **Goods supplied on open account:** complete the statements annexed to the Affidavit (for last 12 months). Furnish explanation why any item is dated after Insolvency/Liquidation/Judicial Management. See below regarding interest.
- **Monies lent:** annex detailed Statement of Account plus receipts or certified copies of paid cheques.
- **Interest:** must be calculated to date of **Provisional Order** of Insolvency/ Liquidation/Judicial Management. Rate of interest and periods must be shown. No interest may be claimed unless an Agreement between the parties to pay such interest is annexed.
- **Legal Charges:** annex Attorney's taxed Bill of Costs which must reflect dates alongside each of the items therein.
- **Mortgage Bonds & Instalment Sale Agreements:** annex original documents or certified copies and detailed statements. Refer above regarding interest.

- **Rent:** annex original Lease Agreement or certified copy and detailed statement of rent due up to date of Provisional Order showing rental and periods.
- **Suretyships:** annex original documents or certified copies and detailed statement of claim against principal debtor.