
CLAIM FORM AS REQUIRED BY SECTIONS 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: _____ Cellphone 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 was, as at date of sequestration/liquidation, and is still truly 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

STATEMENT OF EMPLOYEE CLAIM

Name of Insolvent Estate/Company/ Close Corporation in Liquidation / Sequestration		
Name of employee		
Employee number		
ID Number		
Tel Number		
Banking details	Bank	
	Account Number	
	Branch Code	
Brief description of cause of action		
Number of leave days due		
Starting Date		

TOTAL AMOUNT OF CLAIM

	Preferent portion of claim	Concurrent portion of claim	Total claim
Claim for severance due			
Claim for unpaid leave			
Claim for notice pay			
Total			

[ONLY COMPLETE IF CREDITOR IS A CLOSE CORPORATION]

EXTRACTS OF THE MINUTES OF A MEETING OF THE MEMBERS OF

_____ (“the Close Corporation”)

HELD AT: _____
ON: _____

MEMBERS PRESENT:

MEMBERS ABSENT:

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____

THE ABOVE CLOSE CORPORATION HEREBY RESOLVE:

In the Insolvent Estate of:

_____ (In Liquidation or Business Rescue)

that _____ be authorised to sign all documents on behalf of the Close Corporation, to prove claims on behalf of the Close Corporation, to nominate and vote for the election of a trustee/liquidator/business rescue practitioner on behalf of the Close Corporation and to sign powers of attorneys, with or without powers of substitution, in favour of any person to act on behalf of the Close Corporation at any meeting of creditors and/or members convened in terms of the Close Corporation, Companies and/or Insolvency Acts of the Republic of South Africa to give effect to the aforementioned powers.

SIGNED ON BEHALF OF THE CLOSE CORPORATION at _____ this _____ day of

***Attach hereto a copy of the latest Close Corporation CIPC/Windeed Search and/or COR 14.3 Registration Certificate and/or any other official confirmation of the identities of the Members of the Close Corporation**

1. _____
2. _____
3. _____
4. _____

MEMBER
(Authorized herewith)

[ONLY COMPLETE IF CREDITOR IS A COMPANY]

EXTRACTS OF THE MINUTES OF A MEETING OF THE DIRECTORS OF

_____ (“the Company”)

HELD AT: _____

ON: _____

DIRECTORS PRESENT:

DIRECTORS ABSENT:

1. _____

1. _____

2. _____

2. _____

3. _____

4. _____

THE ABOVE COMPANY HEREBY RESOLVE:

In the Insolvent Estate of:

_____ (In Liquidation or Business Rescue)
that _____ be authorised to sign all documents on behalf of the Company, to prove claims on behalf of the Company, to nominate and vote for the election of a trustee/liquidator/business rescue practitioner on behalf of the Company and to sign powers of attorneys, with or without powers of substitution, in favour of any person to act on behalf of the Company at any meeting of creditors and/or members convened in terms of the Close Corporation, Companies and/or Insolvency Acts of the Republic of South Africa to give effect to the aforementioned powers.

SIGNED ON BEHALF OF THE COMPANY at _____ this _____ day of _____.

***Attach hereto a copy of the latest Company CIPC/Windeed Search and/or COR 14.3 Registration Certificate and/or any other official confirmation of the identities of the Directors of the Company**

1. _____

2. _____

3. _____

(Authorized herewith)

4. _____

[ONLY COMPLETE IF CREDITOR IS A PARTNERSHIP]

EXTRACTS OF THE MINUTES OF A MEETING OF THE PARTNERS OF

_____ (“the PARTNERSHIP”)

HELD AT: _____

ON: _____

PARTNERS ABSENT:

1. _____

1. _____

2. _____

2. _____

3. _____

4. _____

THE ABOVE PARTNERSHIP HEREBY RESOLVE:

In the Insolvent Estate of:

_____ (In Liquidation or Business Rescue)
that _____ be authorised to sign all documents on behalf of the Partnership, to prove claims on behalf of the Partnership, to nominate and vote for the election of a trustee/liquidator/ business rescue practitioner on behalf of the Partnership and to sign powers of attorneys, with or without powers of substitution, in favour of any person to act on behalf of the Partnership at any meeting of creditors and/or members convened in terms of the Close Corporation, Companies and/or Insolvency Acts of the Republic of South Africa to give effect to the aforementioned powers.

SIGNED ON BEHALF OF THE PARTNERSHIP at _____ this _____ day of _____.

*** Attach hereto a copy of the Partnership Agreement and/or any other official confirmation of the identities of the partners in the Partnership**

1. _____

2. _____

3. _____

4. _____

(Authorized herewith)

[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 or Business Rescue)
that _____ be authorised to sign all documents on behalf of the Trust, to prove claims on behalf of the Trust, to nominate and vote for the election of a trustee/liquidator/ business rescue practitioner on behalf of the Trust and to sign powers of attorneys, with or without powers of substitution, in favour of any person to act on behalf of the Trust at any meeting of creditors and/or members convened in terms of the Close Corporation, Companies and/or Insolvency Acts of the Republic of South Africa to give effect to the aforementioned powers.

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

***Attach hereto a copy of the Trust Deed and/or Letter(s) of Authority and/or latest Windeed Search and /or any other official confirmation of the identities of the trustees of the Trust**

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 or Business Rescue)

I/We, the undersigned: _____

in my/our capacity(s) as*: _____ 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 or Business Rescue Practitioner, and to appear at all Meetings of Creditors and/or Members 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 business rescue proceedings, as the case may be; to vote for the election of a Trustee, to vote for the election of a Liquidator and/or Business Rescue Practitioner, as the case may be; to give the Trustee/s or the Liquidator/s or the Business Rescue Practitioner/s or directions as to the management thereof; on my/our behalf to examine any person or persons, and further to represent me/us in all matters relating to the Estate or Company in liquidation or business rescue, as the case may be, including the right to vote on an Offer of Compromise, Business Rescue Plan, 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.

***I hereby revoke, withdraw and cancel all previous power of attorneys and/or similar documents relating to proof of claims and/or nominations of liquidators/trustees, in the above insolvent estate, that I have signed.**

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

_____ 20 _____

(Duly Authorized)

AS WITNESSES

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.

**[ONLY COMPLETE IF THE CREDITOR IS A PERSON IN HIS PERSONAL CAPACITY]
POWER OF ATTORNEY TO PROVE CLAIMS ETC.**

In the Insolvent Estate of: _____ (In Liquidation or Business Rescue)

I, the undersigned: _____

acting in my personal capacity

(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 or Business Rescue Practitioner, and to appear at all Meetings of Creditors and/ or Members 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 business rescue proceedings, as the case may be; to vote for the election of a Trustee, to vote for the election of a Liquidator and/or Business Rescue Practitioner, as the case may be; to give the Trustee/s or the Liquidator/s or the Business Rescue Practitioner/s or directions as to the management thereof; on my/our behalf to examine any person or persons, and further to represent me/us in all matters relating to the Estate or Company in liquidation or business rescue, as the case may be, including the right to vote on an Offer of Compromise, Business Rescue Plan, 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.

***I hereby revoke, withdraw and cancel all previous power of attorneys and/or similar documents relating to proof of claims and/or nominations of liquidators/trustees, in the above insolvent estate, that I have signed.**

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

_____ 20 _____

AS WITNESSES

1. _____

2. _____

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.
- Attach the latest CIPC/Windeed Search and/or COR 14.3 Certificate of Registration and/or Trust Deed and/or Letter(s) of Authority and/or any other official confirmation of the Members / Directors / Partners / Trustees of the creditor.

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.