CLAIM FORM AS REQUIRED BY SECTIONS 44(4) AND 44(6) OF THE INSOLVENCY ACT 24 OF 1936

In t	the Insolvent Estate of <u>:</u>	(In Liquidation)
		(herein referred to as the said Creditor)
	dress in full:	
Po	stal address:	
Tel	lephone number:	Cellphone number:
Em	nail Address:	_
Ba	nking details:	
To	tal Amount of claim: R	
۱, _		do hereby make oath and state that:
1.	l am	of
	I have personal knowledge of the facts hereinaft	
	That	whose estate was estration/liquidation, and is still truly indebted to
	<u>R</u> ((Amount in words)
	for	
4. 5.	The said debt arose in the manner and at the tin No other person besides thereof.	ne set forth in the account hereunto annexedis liable for the said debt or any part
6.	The said Creditor has not, nor has any other pert the said debt or any part thereof save and excep	son, to my knowledge on its behalf, received any security for t
7.	The said Creditor solely on the presatisfaction of his/her/its claim	roceeds of the property which constitutes its security for the
8.	That the claim was not acquired by cession after sequestrated/liquidated.	the institution of the proceedings by which the estate was
		SIGNATURE OF DECLARANT
at_	, · · ·	nent who has acknowledged:
a) b) c) d)	That he/she knows and understands the contents of the declaration. That he/she has no objection to taking the prescribed oath; and He/she considers the prescribed oath binding on his conscience; a Uttered the words "I swear that the contents of this declaration are contents of this declaration are true".	nd
_	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 I Close Corporation i	Estate/Company/ in Liquidation:			
Brief Description of	goods Supplied:			
	DETAILS OF SALES			
Date	Invoice No.	Amount	Monthly Totals (Not Progressive)	
	DETAILS OF PAYMENTS RECEIVED ANI	O 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 thelesser.
- (3) A brief description of goods sold must be given i.e. Groceries, Clothing

STATEMENT OF EMPLOYEE CLAIM

Name of Insolvent Estat		
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	Concurrent portion of	Total claim
	claim	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 ABSEN	Т:	
·	1		
·	2		
·			
THE ABOVE CLOSE CORPORATION	I HERERY RESOLVE:		
In the Insolvent Estate of:	THEREST RESOLVE.		
	(I	n Liquidation or B	usiness Rescue)
that		orised to sign all	documentson
behalf of the Close Corporation, to	prove claims on behalf of t	he Close Corporati	ion, to nominate
and vote for the election of a tro	ustee/liquidator/business res	cue practitioner o	on behalf of the
Close Corporation and to sign po	owers of attorneys, with or w	vithout powers of	substitution, in
favour of any person to act on be	ehalf of the Close Corporation	n at any meeting (of creditors and/
or members convened in terms	of the Close Corporation, Cc	ompanies and/or I	nsolvency Acts
of the Republic of South Africa to	give effect to the aforement	ioned powers.	
SIGNED ON BEHALF OF THE CLOSE	E CORPORATION at	this	day of
*Attach hereto a copy of the la Registration Certificate and/or Members of the Close Corporatio	any other offical confirm		
l			
2		MEMBER	
3		(Authorized her	ewith)
4			

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

In the Insolvent Estate of:	(In Liquida	tion or Business Rescue)
I/We, the undersigned:		
in my/our capacity(s) as*:	<u>of</u>	
hereinafter referred to as the said Creditor), [Do hereby nominate, constitute and appoint	**
my/our name, place and stead, to app Magistrate, or before any Presiding Commissioner or Business Rescue Pr Members to be held in the above matter and file my/our claim or claims against th proceedings, as the case may be; to vote for of a Trustee, to vote for the election of a L be; to give the Trustee/s or the directions as to the management thereof further to represent me/us in all man business rescue, as the case may be, Business Rescue Plan, Scheme of Arrange I/we might or could do if personally confirming and promising and agreeing Attorney/s and Agent/s shall lawfully these presents.	ubstitution, to be my/our lawful Attorned pear before the Master of the High Color Officer, at his or their office, like ractitioner, and to appear at all Meetings of and then and there as my/our agent in active Estate or the Company in liquidation or or the election iquidator and/or Business Rescue Practition e Liquidator/s or the Business Rescue f; on my/our behalf to examine any personant including the right to vote on an Office of the Composition, and generally for effect present and acting therein, hereby ratific to ratify, allow and confirm all and what do or cause to be done in the probability previous power of attorneys and/or simulations.	urt, or before the ewise before any Creditors and/or t and deed to prove business rescue mer, as the case may Practitioner/s or n or persons, and y in liquidation or fer of Compromise, cting the purposes as fying allowing and atsoever my/our said remises by virtue of
	of liquidators/trustees, in the above insolv	
GIVEN under my/our hand at	this	day of
20		
	AS WITNESSES	
	1	
(Duly Authorized)	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 Rescu
I, the undersigned:		
acting in my personal capacity		
(hereinafter referred to as the said Creditor), Do	hereby nominate, const	titute and appoint**
jointly and severally, with power of substitution, to be my/our lawful Attorney/s and Age 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 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 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 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 confirming 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 previon relating to proof of claims and/or nominations of that I have signed.	-	
VEN under my/our hand at	this	day of
20		
	AS WITNESSES	3
	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 <u>every page</u> of the claim including the attached supporting documents.
- Commissioner of Oaths must print his full names (not initials) and business address be 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.
- <u>Interest:</u> must be calculated to date of <u>Provisional Order</u> 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.
- <u>Legal Charges:</u> 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.
- <u>Suretyships:</u> annex original documents or certified copies and detailed statement of claim against principal debtor.