

Delete inappropriate words.
(In terms of section 147 of the
Companies Act, no. 71 of 2008
["the Companies Act"]).
Affidavit for the Proof of Claim
by a Creditor of a Company in
Business Rescue.



3rd Floor, 5 St. Georges Mall, Cape Town, 8001 PO Box 3082, Cape Town, 8000
Docex 81, Cape Town, 8000 T: +27 21 418 4010 F: +27 21 425 2047
Direct fax: 086 610 0650 E: info@sanek.co.za www.sanek.co.za

AFFIDAVIT FOR PROOF OF CLAIM

IN THE MATTER OF (NAME OF COMPANY IN BUSINESS RESCUE)					
(IN BUSINESS RESCUE)					
NAME IN FULL OF CREDITOR					
ADDRESS IN FULL					
TEL:	FAX:	CELL:	E-MAIL:		
PO BOX NO	TOTAL AMOUNT OF CLAIM				
I,		in my capacity as			of
declare under oath/solemnly and sincerely declare					
(1)	That				
which has been placed in business rescue, was, at the date of the commencement of the business rescue, and still is, justly and truly indebted to					
in the sum of (words)					
being for					
(2)	That the said debt arose in the manner and at the time set forth in the account hereunto annexed.				
(3)	That no other person besides the said is liable (otherwise than as surety) for the said debt or any part thereof.				
(4)	That I, the said				
	have/have not, nor has any other person, to my knowledge on my/his/her behalf received any security for the said debt or any part thereof, save and except*				
	Which security the Creditor values at		R		
		Signature of Declarant			
Signed and Sworn/Solemnly declared before me on the		day of		20	
at		the Deponent having acknowledged that he/she knows and understands the contents of the affidavit.			
	 COMMISSIONER OF OATHS (Signature and name in full – not initials)			
In my capacity as			for the district of		

This affidavit is free of Stamp Duty

*Here insert, nature, particulars and value of mortgage, pledge or other security

- Please see attached Notes for completion of Claim Form

STATEMENT OF ACCOUNT

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

Name and Address of Creditor:

Name of Company in Business Rescue:

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 sequestration, whichever is the lesser.
 - (3) A brief description of goods sold must be given i.e. Groceries, Clothing etc.

POWER OF ATTORNEY TO PROVE CLAIMS ETC.

I, the undersigned _____

in my capacity as _____

of _____

(hereinafter referred to as the said Creditor) do hereby nominate constitute and appoint

with the 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 matter of

(in business rescue) _____

on the said Creditor's behalf to prove the said Creditor's claim, 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 business rescue practitioner, to
make proposal/s and vote on the business rescue plan and any amendments thereto, to form and participate
in a creditors' committee, and to give the business rescue practitioner directions as to the administration of the company
in business rescue and generally to act on the said Creditor's behalf at all meetings of the company in business rescue
and in all matters and things in which the said Creditor's interests are concerned, hereby promising to ratify and
confirm whatsoever the Agent may do or perform by virtue of these presents.

DATED AT _____ this _____ day of _____ 20 _____

AS WITNESSES:

1. _____

SIGNATURE

2. _____

(PTY) LIMITED/CLOSE CORPORATION

.....
**CERTIFIED EXTRACT FROM THE MINUTES OF A MEETING OF DIRECTORS/MEMBERS OF THE
ABOVEMENTIONED COMPANY/CLOSE CORPORATION HELD**

AT

ON THE DAY OF 20

IT WAS RESOLVED:

That
Mr/Ms

A director/secretary/accountant/ member

of the Company/Close Corporation, be and is hereby authorised and empowered to sign all the necessary

documents to enable the Company/Close Corporation to prove its claim against

(in business rescue)

To attend meetings of creditors of the company in business rescue, and to speak and vote on behalf of the
Company/Close

Corporation, with power, in his/her discretion to substitute and appoint any other persons to attend such meetings
on

the Company's/Close Corporation's behalf and to vote thereat.

.....
CERTIFIED A TRUE COPY

.....
AUTHORISED OFFICIAL

NOTES FOR COMPLETION OF CLAIM FORMS

1. AFFIDAVIT

1.1. Completion And Signature

1.1.1 The Commissioner of Oaths must print his full name and business address below his signature and state his designation and the area for which he holds his appointment or by which office held by him if he holds his appointment *ex officio*.

1.1.2 Alterations must be initialled by declarant and Commissioner of Oaths.

1.2. SECURITY

1.2.1 If security is claimed, then the amount at which the creditor values such security must be inserted.

1.2.2 A copy of the relevant security such as the mortgage bond or special or general notarial bond or instalment sale agreement or pledge or cession agreement must be annexed to the proof of claim affidavit and the original be made available for inspection by the business rescue practitioner should the practitioner require it.

2. SUPPORTING VOUCHERS

2.1. Goods Supplied on Open Account

A detailed Statement as per attached, 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 re commencement of the business rescue, whichever is the lesser.

Furnish explanations why any item is dated after the commencement of the business rescue.

2.2. Money Lent

Annex a detailed statement of account plus Acknowledgement of Debt or receipts or paid cheques.

2.3. Interest

Must be calculated to date of the commencement of the business rescue. 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 Attorney's Taxed Bill of Costs which must show dates of the items therein.

2.5. Mortgage Bonds and HP Agreements

Annex original documents and detailed statements. Refer 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 to date of Provisional Order of Sequestration/Liquidation/Judicial Management showing rental and periods.

2.7. Suretyships

Annex original documents and detailed statement of claim against principal debtor.

3. POWER OF ATTORNEY

3.1 Where a limited Company/Close Corporation 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

4.1 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.

5. SUBMITTING THIS CLAIM TO THE PRACTITIONER

5.1 The Creditor may forward the completed forms together with the relevant annexures to the practitioner c/o info@sanek.co.za.

5.2 The Creditor is to ensure that the practitioner receives the original claim documentation timeously before any voting on the business rescue plan. In this regard, the original claim documentation may be handed in at the first meeting of creditors convened in terms of section 147 of the Companies Act (and preferably a copy thereof emailed beforehand to the practitioner); thereafter original claim documentation is to be handed in or couriered to the practitioner at Sanek (contact details on proof of claim form).