

Delete inappropriate words.  
(In terms of Section 44(4) of the  
Insolvency Act No. 24 of 1936).  
Affidavit for the Proof of any  
Claim other than a Claim based  
on a Promissory Note or other  
Bill of Exchange



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Company Registration No: 2006/006867/07

### FORM "C"

IN THE MATTER / (INSOLVENT  
ESTATE) OF

(IN LIQUIDATION)

NAME IN FULL OF CREDITOR

ADDRESS IN FULL

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

PO BOX NO \_\_\_\_\_ TOTAL AMOUNT OF CLAIM R \_\_\_\_\_

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_  
of \_\_\_\_\_ declare under oath/solemnly and sincerely  
declare

(1) That \_\_\_\_\_  
which has been placed in sequestration/liquidation, was at the date of sequestration/liquidation, 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. (Section 44(6) refers)

(3) That the aforesaid claim was not acquired by cession or purchase since the institution of proceedings whereby the Estate was sequestrated/Company was liquidated.

(4) That no other person besides the said \_\_\_\_\_  
Is liable (otherwise than as surety) for the said debt or any part thereof

(5) 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

(For Statement of Account in terms of Section 44(6) see attached)

- Please see attached Notes for completion of Claim Form

# SANEK TRUST (PTY) LIMITED

## SALARY / WAGE DETAILS

NAME OF COMPANY IN LIQUIDATION / INSOLVENT ESTATE

\_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

POSITION: \_\_\_\_\_

1. GROSS SALARY / WAGES PER MONTH / WEEK: \_\_\_\_\_  
PAID UP TO: \_\_\_\_\_  
PERIOD FOR WHICH OUTSTANDING \_\_\_\_\_  
AMOUNT CLAIMED: \_\_\_\_\_

2. LEAVE / HOLIDAY PAY (            DAYS PER ANNUM)  
COMMENCEMENT DATE: \_\_\_\_\_  
DAYS LEAVE ACCUMULATED: \_\_\_\_\_  
AMOUNT CLAIMED: \_\_\_\_\_

3. OTHER (PLEASE SPECIFY)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_