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"

	HE MATTER / (INSOLVENT ATE) OF									
	,				(IN LIQUIDA	ATION)				
NAME	E IN FULL OF CREDITOR									
ADDF	RESS IN FULL									
Tel:		Fax:	Cell:		E-mail					
РО В	OX NO	TOTAL AMOUNT	OF CLAIM R							
I,		in m	y capacity as							
of			-		declare under oath/solemnly and sincer declare	ely				
(1)	That									
	which has been placed in se	equestration/liquidation	, was at the date	of sequestration/liq	uidation, 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 s	surety) for the said deb	ot or any part there	eof						
(5)	That I, the said									
	have/have not, nor has ar my/his/her behalf received a thereof, save and except*									
	Which security the Creditor v	values at		R						
	Signature of Declarant									
Signed	d and Sworn/Solemnly declared be	fore me on the	day of			20				
at	the Deponent			aving acknowledged t	hat he/she knows and understands the contents of	the				
ما	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

STATEMENT OF ACCOUNT

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

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:		ciaim document.						
Name of Insolvent Close Corporation									
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								
DETAILS	OF PAYMENTS RECEIVE	D AND CREDITS	SALLOWED						
DETAILS Date	Payments or Credits (Specify)	Amount	Monthly Totals (Not Progressive)						
	Payments or Credits		Monthly Totals						
	Payments or Credits		Monthly Totals						
	Payments or Credits		Monthly Totals						
	Payments or Credits (Specify)		Monthly Totals						
Date	Payments or Credits (Specify)	Amount TOTAL DEBITS "B" R	Monthly Totals						

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 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 power of substitution to be the sa	id Creditor's lawful Attor	rney and Agent in the sa	aid Creditor's name, place and					
to attend all meetings of Creditors in the matter of								
on the said Creditor's behalf to prove the said Creditors claim and 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 Trustee/Liquidator and/or an offer of Composition and/or submission to arbitration of any dispute and/or the Composition or admission of any claim against the Estate/Company and to give the Trustee/s/Liquidator/s directions as to the administration of the Estate/Company and generally to act on the said Creditor's behalf at all meetings of the Estate/Company in all matters and things in which the said Creditor's interests are concerned, hereby promising to ratify and confirm								
whatsoever the said Agent may do or	perform by virtue of the	se presents.						
DATED AT	this	day of	20					
AS WITNESSES:								
1.								
2.								
		SIGNATURE						

- * Here insert whether signatory is director, proprietor or partner.
- ** PLEASE NOTE: This Power of Attorney MAY NOT be in favour of Sanek Trust Recovery Services (Pty) Limited NOR in favour of the Trustee/Liquidator. If required, representation will be arranged at no charge to Creditors.
- **N.B.** A director of a company should sign this Power of Attorney. 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 authorising such manager or secretary to sign is lodged with the claim.

RESOLUTION BY BOARD OF DIRECTORS OF (PTY) LIMITED CERTIFIED EXTRACT FROM THE MINUTES OF A MEETING OF DIRECTORS OF THE ABOVEMENTIONED COMPANY, HELD AT ON THE _____ DAY OF _____ 20 ____ IT WAS RESOLVED That Mr/Mrs/Ms A Director / Secretary / Accountant / Official of the Company, be and is hereby authorised and empowered to nominate a provisional or final Trustee/ Liquidator on behalf of the Company and to sign all the necessary documents to enable the Company to prove its claim against to attend meetings of creditors of the said Estate/Company; and to speak and vote on behalf of the Company, with power, in his/her discretion to substitute and appoint any other person or persons to attend such meetings on the Company's behalf and to vote thereat. **CERTIFIED A TRUE COPY**

AUTHORISED OFFICIAL

SANEK TRUST RECOVERY SERVICES (PTY) LIMITED

NOTES FOR COMPLETION OF CLAIM FORM

AFFIDAVIT

Commissioner of Oaths must print his FULL NAMES (not initials) and business address below his signature.

Alterations must be initialled by the Declarant.

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

A secured creditor, who relies upon his security, should state that fact on the Affidavit above the signature of the Declarant.

SUPPORTING VOUCHERS

<u>Services Rendered</u> - annex copies of Invoices 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 (8) below in regard to 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.

<u>Mortgage Bonds & Instalment Sale Agreements</u> - annex original documents or certified copies and detailed statements. Refer (8) above regarding interest.

<u>Rent</u> - 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.

POWER OF ATTORNEY

Refer to notes at the end of the Power of Attorney form.