AFFIDAVIT CONFIRMING DEPENDANTS

BIOLOGICAL / LEGALLY ADOPTED CHILDREN AND SPOUSES OF DECEASED

Industry / Participant Number	Identity | Passport Number

I,

Title	Initials	Surname

Identity / Passport Number	
Tel	

States that the deceased was my (State Relationship)		
I, hereby confirm and certify that to the best of my knowledge, the deceased has		biological / legally adopted child / children

LIST ALL BIOLOGICAL / LEGALLY ADOPTED CHILDREN *INCLUDING DECEASED CHILDREN*

	Full Name and Surname	Date of Birth	Mother of Biological / Adopted Child	Dependent on Deceased	
1.		Y Y Y Y M M D D		Y	N
2.		Y Y Y Y M M D D		Y	N
3.		Y Y Y Y M M D D		Y	N
4.		Y Y Y Y M M D D		Y	N
5.		Y Y Y Y M M D D		Y	N
6.		Y Y Y Y M M D D		Y	N
7.		Y Y Y Y M M D D		Y	N

I, hereby also confirm and certify that to the best of my knowledge, the deceased has/had			spouse/s and previous spouse/s.

LIST CURRENT SPOUSE / LIFE PARTNER AND ALL PREVIOUS SPOUSES | LIFE PARTNERS

	Full Name and Surname	Date of Birth	Date of Marriage / Cohabitation	Date of Divorce / Separation	Date of Death
1.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
2.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
3.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
4.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
5.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
6.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
7.		Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D

AFFIDAVIT CONFIRMING DEPENDANTS

BIOLOGICAL / LEGALLY ADOPTED CHILDREN AND SPOUSES OF DECEASED - *CONTINUED*

Industry / Participant Number	Identity | Passport Number

I HEREBY CONFIRM THE FOLLOWING *ANY ADDITIONAL INFORMATION*

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

AFFIDAVIT CONFIRMING DEPENDANTS

BIOLOGICAL / LEGALLY ADOPTED CHILDREN AND SPOUSES OF DECEASED

- *CONTINUED*

Industry / Participant Number	Identity | Passport Number

COMMISIONER OF OATHS

I certify that the deponent acknowledged that he / she knows and understands the contents of this declaration, which was signed and sworn to before me at:

at		this		day of		2	0	

and that the Regulations contained in Government Notice R1258 of 21 July 1972, as amended, have been complied with.

Commissioner of Oaths	
Full Name(s)	
Capacity	
Adress	

TO BE STAMPED AND SIGNED BY COMMISSIONER OF OATHS

STAMP

Signature

Electronic signatures are not permitted to be used on this Application Form.

Date

Y Y Y Y M M D D

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | **Toll-Free** 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6