

TSHWANE TRUST CO (PTY) LTD

Reg No. 1973/011373/07

TELEPHONE 0861 874 926
P O BOX 2101
PRETORIA
0001

1207 COBHAM WEG
QUEENSWOOD
0186

AFFIDAVIT for the proof of a claim:

IN THE MATTER OF _____

NAME IN FULL OF EMPLOYEE: _____

IDENTITY NUMBER OF EMPLOYEE: _____

RESIDENTIAL ADDRESS IN FULL: _____

POSTAL ADDRESS _____

EMAIL ADDRESS: _____ TOTAL AMOUNT OF CLAIM : **R** _____

I, (full names of employee) _____

do hereby make oath and say:

(1) That I was an employee of _____

(2) That I have personal knowledge of the facts hereinafter stated.

(3) That I have been informed that the Close Corporation / Company was placed in liquidation.

(4) That the Close Corporation / Company was at the date of liquidation, and still is indebted to me, the sum of

(Amount in words) _____

as set out in the schedule attached hereto.

for: **Salary / Leave Pay / Severance Pay /** _____

(5) That no other person besides the said Close Corporation / Company is liable for the said debt or any part thereof.

(6) Banking details _____

Signature of Declarant _____

I hereby certify that the Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn before me at _____ on the _____ day of _____, the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

COMMISSIONER OF OATHS

SCHEDULE:

Name of Employee: _____

I.D number: _____

Date of commencement of service: _____

Monthly/Weekly/hourly salary/wage: R _____

Total Leave days due: _____

Number of leave days due for the year in which employer become insolvent or the previous year: _____

Details of leave due in respect of any other form of paid absence: _____

PREFERENT PORTION OF CLAIM: (Sections 98A of the Insolvency Act no 24 of 1936 (as amended) refers)

Wages / Salary due: R _____
(Limited to outstanding salary for a period of 3 months and to a maximum of R12 000.00)

Leave (Normal): R _____
(Limited to leave due i.r.o the year in which the employer became insolvent or the previous year, and limited to a maximum of R4 000.00)

Other leave: R _____
(Any other form of paid absence, limited to a period not exceeding 3 months prior to the date of liquidation/sequestration of the employer and limited to an amount of R4 000.00)

Severance or retrenchment: R _____
(___years completed service X weekly wage, limited to R12 000.00)

SUBTOTAL OF PREFERENT CLAIM: R _____

CONCURRENT CLAIM:

Balance of Wage / Salary due: R _____

Balance of Severance due: R _____

Balance of Leave due: R _____

Pro Rata Bonus due: R _____

Total: R _____

Signature of Employee: _____

Date: _____