**FORM "C"**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IN THE MATTER / INSOLVENT ESTATE OF** | | |  | | | | | | | | |
| **(IN LIQUIDATION)** (Hereinafter referred to as the "Insolvent") | | | | | | | | | | | |
| **CREDITOR'S NAME IN FULL** | | (Hereinafter referred to as the "Creditor") | | | | | | | | | |
| **ADDRESS IN FULL** | |  | | | | | | | | | |
| **TEL:** | | **FAX:** | | | | **CELL:** | | | | **EMAIL:** | |
| **TOTAL AMOUNT OF CLAIM** | |  | | | | | | | | | |
| I, | | | | | In my capacity as of | | | | | | |
| declare under oath/solemnly and sincerely declare | | | | | | | | | | | |
| (1) | That the above-mentioned **Insolvent**, which has been placed in sequestration/liquidation, was at the date of sequestration/liquidation, and still is justly and truly indebted to the **Creditor** | | | | | | | | | | |
|  | in the sum of (words) | R ( | | | | | | | | | |
|  | 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/Close Corporation was liquidated. | | | | | | | | | | |
| (4) | That no other person besides the said  (otherwise than as surety for the said debt of any part thereof). | | | | | | | | | | |
| (5) | That I, the said | | | | | | | | | | |
|  | have/has 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 | | | |
| (6) | That I am fully cognizant in terms of this claim & duly authorised to make this Affidavit. | | | | | | | | | | |
| **SIGNATURE OF DECLARANT** | | | | | | | | |  | | |
| Sworn to and signed/solemnly declared before me | | | | at | | | | | on this day | | of 20 |
| by the abovementioned Deponent who has acknowledged that he knows and understands the contents of this Affidavit. | | | | | | | | | | | |
| **BANKING DETAILS OF CREDITOR:** | | | | | | | | | | | |
| **Bank Name:**  **Account Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_**  **Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Branch Code:**  **Account Type:** | | | | |
| **COMMISSIONER OF OATHS (signature & name in full)** | | | | | | |  | | | | |
| In my capacity as | | | | | | | for the district of | | | | |
| **COMMISSIONER'S STAMP** | | | | | | |  | | | | |

\* Here state the nature, particulars and value of mortgage, pledge or other security.

**STATEMENT OF ACCOUNT**

**(IN TERMS OF SECTION 44 (6) OF THE INSOLVENCY ACT NO. 24 OF 1936)**

|  |  |
| --- | --- |
| **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** | |
| NAME AND ADDRESS OF CREDITOR |  |
|  | |
|  | |
| NAME OF INSOLVENT ESTATE/ COMPANY/CLOSE CORPORATION IN LIQUIDATION |  |
| BRIEF DESCRIPTION OF GOODS/SUPPLIED |  |

# Details of sales

# ("A")

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **INVOICE NO.** | **AMOUNT** | **MONTHLY SALES**  **(Not progressive)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Details of payments received and credits allowed:  **TOTAL DEBITS "A"** | | | R |

**("B")**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | PAYMENTS OR  CREDITS  **(Specify)** | AMOUNT | MONTHLY SALES  **(Not progressive)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL CREDITS "B"** | | | R |

**AMOUNT OF CLAIM AS PER AFFIDAVIT, i.e. "A" less "B" R**

**Notes:** 1. "A" and "B" must reflect full period of 12 months before date of liquidation/sequestration, whichever is the lesser.

2. If no payments were received, or credits given, state **"NIL"** under "B".

3. A brief description of the goods sold must be given i.e. Clothing, Groceries 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 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 | | | | | |
|  | | | | | |
| on the said Creditor's behalf, to prove the said Creditor's 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 at Trustee/ Liquidator and/or/any 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/Liquidator directions as to the administration of the Estate/Company and generally to act on the said Creditors 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 these presents. | | | | | |
| Dated at | | on this day | | | of 20 |
| **WITNESSES:** | | |  | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE** | | |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

\* Here insert whether the signatory is a director, proprietor or partner.

**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 Supreme 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.

\*\* **PLEASE NOTE**: This Power of Attorney MAY NOT be in favour of CK Trust NOR in favour of the Trustee/ Liquidator. If required, representation will be arranged at no charge to Creditors.

**MINUTES OF A MEETING OF DIRECTORS OF THE CREDITOR COMPANY/MEMBERS OF THE CREDITOR CLOSE CORPORATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPANY/CLOSE CORPORATION NAME** | |  | | |
| **CERTIFIED EXTRACT FROM THE MINUTES OF A MEETING OF DIRECTORS OF THE ABOVEMENTIONED COMPANY/MEMBERS OF THE ABOVEMENTIONED CLOSE CORPORATION** | | | | |
| Held at | | | on this day | of 20 |
| **IT WAS RESOLVED:** | | | | |
| That Mr./Ms. |  | | | |
| a Director/Member/Secretary/Accountant/Official \* | | |  | |
| of the Company/Close Corporation, be and is hereby authorised and empowered to nominate a Provisional/ Final Trustee/Liquidator on behalf of the Company/Close Corporation and to sign all the necessary documents to enable the Company/Close Corporation to prove its claim against: | | | | |
|  | | | | |
| and to attend meetings of creditors of the said Estate/Company/Close Corporation and to speak and vote on behalf of the Company/Close Corporation , with power in his 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** | |  | | |

\* Here insert whether the signatory is a director, proprietor or partner.

**NOTES FOR COMPLETION OF CLAIM DOCUMENTS**

|  |
| --- |
| **1. AFFIDAVIT** |
| **1.1. COMPLETION AND SIGNATURE**  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.*  Alterations must be initialled by declarant and Commissioner of Oaths. |
| **1.2. SECURITY**  If security is 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. (See 2.5 below). |
| **1.3. PROMISSORY NOTES ETC.**  Where the claim is in respect of Promissory Notes, Bills of Exchange or Cheques, the appropriate Affidavit form (Form "D") should then be completed which can be obtained by request from the Liquidator/Trustee. |
|  |
| **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 sequestration/liquidation, whichever is the lesser.  Furnish explanations why any item is dated after Insolvency/Judicial Management/Liquidation. |
| 2.2. Money Lent  Annex detailed statement of account plus Acknowledgement of Debt or receipts or paid cheques. |
| 2.3. Interest  Must be calculated to date of Provisional Order of Liquidation/Judicial Management/Sequestration. 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** |
| **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** |
| 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. |