

COMPANY/STOKVEL

Please note that the contents of this form is for assistance purposes only. Neither VBS Mutual Bank (in liquidation) nor any person affiliated therewith shall be held liable should this claim or any other claim not be accepted for proof. It is the responsibility of the Creditor to obtain proper legal advice when completing this form. Please further note that this form is to be used by retail depositors only

**AFFIDAVIT for the proof of any claim
other than a claim based on Promissory Note or other Bill of Exchange [Section 44(4)]**

IN THE MATTER OF THE INSOLVENT ESTATE OF VBS MUTUAL BANK (IN LIQUIDATION)

FULL NAME OF
CREDITOR

(hereinafter referred to as the said Creditor)

Address in full _____

Postal code _____

PO Box _____ Postal code _____

Email _____

Cell _____

Banking details

Bank _____

Type of account _____

Branch _____

Branch code _____

Account No. _____

Account name _____

TOTAL AMOUNT OF CLAIM R _____

I _____, the
undersigned, on behalf of _____ and duly authorised hereto in terms of the
attached resolution/authorisation

do hereby make oath and say that:

- I have personal knowledge of the facts contained herein; and
- VBS Mutual Bank (In Liquidation) is justly and truly indebted to the said Creditor in the sum of R _____ (_____) [insert the amount in words] for money deposited into account number: _____ held by the said Creditor with VBS Mutual Bank (In Liquidation) prior to its liquidation, a copy of the bank statement indicating the amount owed by VBS Mutual Bank (In Liquidation) to the Creditor is attached hereto
- no other person besides VBS Mutual Bank (In Liquidation) is liable (otherwise than as surety) for the said debt or any part thereof;
- the said Creditor has not, nor has any other person, to my knowledge on the said Creditor's behalf received any security for the said debt or any part thereof; and
- this claim was not acquired by cession after the institution of the liquidation of VBS Mutual Bank (In Liquidation)

Signature of Declarant

The terms of regulation R.1258 published in Government Gazette No. 3619 of 21 July 1972 (as amended and supplemented) having been complied with, I hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before

me at _____ on this the _____ day of _____ 2019

Full name and Address of Commissioner

COMMISSIONER OF OATHS

Area for which appointment held/Practicing Attorney RSA