

INDIVIDUAL

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 _____

do hereby make oath and say that:

1. I have personal knowledge of the facts contained herein; and
2. 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.
3. no other person besides VBS Mutual Bank (In Liquidation) is liable (otherwise than as surety) for the said debt or any part thereof;
4. 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
5. this claim was not acquired by cession after the institution of 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