

## NOTES FOR COMPLETION OF CLAIM FORMS

### 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 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 the fact on the Affidavit. {See 2.5 below as well as Clause 6 of Claim document}
- 1.3 **Promissory Notes, etc.** - The claim form in respect of Promissory Notes, Bills of Exchange or Cheques are available on request {See 2.2 below}

### 2. SUPPORTING VOUCHERS

- 2.1 **Goods supplied on Open Account** - A detailed Statement 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 a Taxed Bill of Costs reflecting the dates of the items therein.
- 2.5 **Mortgage Bonds and Credit Agreements** - Annex original documents, detailed statements and certificate of balance. Refer to 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 up to date of Provisional Order of Sequestration/Liquidation/Judicial Management showing rental and periods.
- 2.7 **Suretyship** - Annex original documents and detailed statement of claim against principal debtor.

### 3. **POWER OF ATTORNEY**

3.1 R2,00 revenue Stamp to be cancelled with date and initials of signatory.

3.2 Where a limited Company 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.** ***(The presiding officer of the court will not accept or prove the claim if this is not done.)***

# CLAIM

**AFFIDAVIT FOR THE PROOF OF ANY CLAIM OTHER THAN A CLAIM ON PROMISSORY NOTE OR OTHER BILL OF EXCHANGE (SECTION 44(4) OF THE INSOLVENCY ACT 24 OF 1936)**

<b>INSOLVENT ESTATE OF: <u>HEALTH SPAS GUIDE PTY LTD – IN LIQUIDATION</u></b>		
<b>(REGNO <u>2013/158284/07</u> )</b>		
<b>NAME IN FULL OF CREDITOR</b>	_____	
	<b>Registration number/ID number</b>	_____
<b>ADDRESS IN FULL</b>	_____	
_____	<b>PO BOX</b>	_____ <b>CODE</b> _____
<b>TOTAL AMOUNT OF CLAIM</b>	<b>R</b>	_____

I, \_\_\_\_\_ hereby declare under oath and say:

1. That I am \_\_\_\_\_ of \_\_\_\_\_  
(hereinafter referred to as the said Creditor)
2. That **HEALTH SPAS GUIDE PTY LTD – IN LIQUIDATION**  
whose estate has been sequestrated/liquidated, was at the date of sequestration/liquidation and still is,  
indebted to the said creditor in the sum of {words} \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ {reason for debt}
3. That the said debt arose in the manner and at the time set forth in the account hereunto annexed. [Section 44(6)]
4. That no other person besides the said INSOLVENT/COMPANY/CLOSE CORPORATION is liable {otherwise that as surety} for the said debt or any part thereof.
5. That 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 save and except:  
\_\_\_\_\_  
which security I value at R \_\_\_\_\_
6. That I rely/do not rely upon my security in full settlement of this claim. (Delete which is not applicable)
7. That the claim was not acquired by cession after the institution of the proceedings by which the estate was sequestrated/liquidated.

\_\_\_\_\_  
Signature of Declarant

I certify that the Declarant acknowledged that he/she is familiar with the contents of the abovementioned affidavit, that he/she has no objection to taking the prescribed oath and that he/she regards the oath to be binding on his/her conscience.

Signed and sworn before me at \_\_\_\_\_ on \_\_\_\_\_ 20

\_\_\_\_\_  
Commissioner of Oaths

# RESOLUTION / RESOLUSIE

(PTY) LIMITED / CC  
(EDMS) BEPERK / BK

CERTIFIED EXTRACT FROM THE MINUTES OF A MEETING OF DIRECTORS / MEMBERS OF THE ABOVEMENTIONED COMPANY / CLOSE CORPORATION  
GESERTIFISEERDE UITTREKSEL VAN DIE NOTULE VAN 'N VERGADERING VAN DIREKTEURE / LEDE VAN BOVERMELDE MAATSKAPPY / BESLOTE KORPORASIE

HELD AT  
GEHOU TE \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
OP DIE \_\_\_\_\_ DAG VAN \_\_\_\_\_ 20\_\_\_\_

IT WAS RESOLVED:  
DIT IS BESLUIT:

That Mr  
Dat Mnr \_\_\_\_\_

a Director/Member/Secretary/Accountant  
'n Direkteur/Lid/Sekretaris/Rekenmeester \_\_\_\_\_

of the Company/Close Corporation, be and is hereby authorised and empowered to sign all the necessary documents to enable the Company to prove its claim against

van die Maatskappy/Beslote Korporasie, is en word hiermee gemagtig om alle nodige dokumente te onderteken om die Maatskappy in staat te stel om hulle eis te bewys teen

## **HEALTH SPAS GUIDE PTY LTD – IN LIQUIDATION**

to attend meetings of creditors of the said Estate, and to speak and vote on behalf of the Company, with power, in his discretion to substitute and appoint any other person or persons to attend such meetings on the Company's behalf and to vote thereat.

om alle vergaderings van skuldeisers van die genoemde Boedel by te woon en te stem namens die Maatskappy, in sy diskresie, met mag van substitusie, en om enige persoon of persone te benoem om sodanige vergaderings namens die Maatskappy by te woon en daar te stem.

CERTIFIED A TRUE COPY  
GESERTIFISEER 'N WARE AFSKRIF

\_\_\_\_\_  
AUTHORISED OFFICIAL  
GEMAGTIGDE AMPTENAAR

# POWER OF ATTORNEY TO PROVE CLAIMS IN INSOLVENT ESTATES PROKURASIE VIR DIE BEWYS VAN EISE IN INSOLVENTE BOEDELS

I, the undersigned  
Ek, die ondergetekende \_\_\_\_\_

in my capacity as  
in my hoedanigheid as \_\_\_\_\_

of  
van \_\_\_\_\_  
(hereinafter referred to as the said creditor / hierna verwys as die genoemde skuldeiser)

do hereby nominate, constitute and appoint  
benoem, konstitueer en stel hiermee aan : \_\_\_\_\_

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 insolvent estate of

met mag van substitusie om die genoemde skuldeiser se wettige prokureur en agent te wees, en in die genoemde skuldeiser se naam en namens die genoemde skuldeiser alle vergaderings van skuldeisers by te woon, in die insolvente boedel van

## **HEALTH SPAS GUIDE PTY LTD – IN LIQUIDATION / IN LIKWIDASIE**

(hereinafter referred to as the estate / hierna genoem die boedel)

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 a trustee/ liquidator/judicial manager 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 and to give the trustee(s)/ liquidator(s)/judicial manager(s) directions as to the administration of the estate and generally to act on the said creditor's behalf at all meetings of the estate 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.

en namens die genoemde skuldeiser, die genoemde skuldeiser se eis te bewys, en om namens die genoemde skuldeiser te stem en om alle magte uit te oefen ten opsigte van sodanige eis met betrekking tot die aanstelling van 'n kurator/likwidateur/geregtelike bestuurder en/of enige aanbod van komposisie en/of voorlegging tot arbitrasie van enige dispuut en/of die komposisie of toelating van enige eis teen die boedel en om aan die kurator(s)/likwidateur(s)/geregtelike bestuurder(s) aanduiding te gee, in verband met die administrasie van die boedel en om in die algemeen op te tree namens die genoemde skuldeiser op alle vergaderings van die boedel in alle sake waarin die genoemde skuldeiser belange het, en belowe hiermee om goed te keur en te bekragtig wat ook al die genoemde agent mag doen of teweeg bring uit krag hiervan.

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_  
Gedateer te \_\_\_\_\_ op \_\_\_\_\_ 20\_\_\_\_\_

As witnesses  
As getuies

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature/Handtekening

# STATEMENT OF ACCOUNT REKENINGSTAAT

In terms of Section 44(6) of the Insolvency Act  
Volgens die vereistes van Artikel 44(6) van die Insolvensiewet

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 and attached to your claim document

In die geval van 'n eis ten opsigte van goedere verkoop en gelewer op 'n ooprekening  
Hierdie staat moet ten volle voltooi en aan die eisdokumente geheg word

Name and Address of Creditor:  
Naam en Adres van krediteur: \_\_\_\_\_

Name of Estate: **HEALTH SPAS GUIDE PTY LTD – IN LIQUIDATION**

Brief Description of Goods Supplied:  
Kort Beskrywing van Gelewerde Goedere: \_\_\_\_\_

## DETAILS OF SALES / SERVICES RENDERED BESONDERHEDE VAN VERKOPE / DIENS VERSKAF

Date Datum	Invoice No. Faktuur Nommer	Amount Bedrag	Monthly Totals (Not Progressive) Maandelikse Toelae (Nie-toenemend)

TOTAL DEBITS "A" R \_\_\_\_\_  
TOTALE DEBIETE "A" R \_\_\_\_\_

## DETAILS OF PAYMENTS RECEIVED AND CREDITS ALLOWED BESONDERHEDE VAN BETLINGS ONTVANG EN KREDIETE TOEGESTAAN

Date Datum	Payments or Credits Betalings of Krediete	Amount Bedrag	Monthly Totals (Specify Not Progressive)

TOTAL CREDITS "B" R \_\_\_\_\_  
TOTALE KREDIETE "B" R \_\_\_\_\_

AMOUNT OF CLAIM AS PER AFFIDAVIT ie "A" LESS "B"  
BEDRAG VAN EIS SOOS PER BEEDIGDE VERKLARING d.w.s. "A" MIN "B" R \_\_\_\_\_

In the matter/Insolvent Estate of \_\_\_\_\_ (In Liquidation)  
In die saak/Insolvente Boedel van HEALTH SPAS GUIDE PTY LTD – **IN LIQUIDATION** (In  
Likwidasie) \_\_\_\_\_ (Under Judicial Management)  
..... (Onder Geregtelike Bestuur)

### REMITTANCE INSTRUCTIONS / BETALINGSADVIES

Please arrange payment of dividends of any other funds to me as a result of the  
Reël asseblief vir die betaling van dividende of enige fondse wat aan my toegeken word wees die

sequestration/liquidation/judicial management of  
sekwestrasie/likwidasie/geregtelike bestuur van

\_\_\_\_\_ – **IN LIQUIDATION**

as follows:

as volg:

- Deposit direct to:**  
**Deponeer direk in:**

Name of Bank/Institution:  
Naam van Bank/Instelling: .....

Branch:  
Tak: .....

Account number:  
Rekeningnommer: .....

Branch Code:  
Takkode: .....

Name of Holder of Account:  
Naam van Rekeninghouer: .....

(**Please note:** Cheques will be made payable to the creditor whose claim has been proved and the  
account to which the dividend cheque will be deposited must bear the same name)

(**Let wel:** Tjeks sal slegs betaalbaar gemaak word aan die bewese krediteur, derhalwe moet die naam van  
die rekening en dié van die krediteur, ooreenstem)

- Post** my cheque direct to me at the postal address recorded on my Affidavit for Proof of Claim  
**Pos** my tjek direk aan die posadres wat op die eisdokumente verskyn.

.....  
Date  
Datum

.....  
Authorised Signatory  
Ondertekenaar

.....  
Capacity (Duly authorised thereto)  
Hoedanigheid (Behoorlik daartoe gemagtig)

Stamp in case of business  
Stempel in geval van besigheid