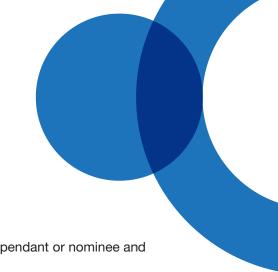


Third party affidavit on deceased

Note: Affidavit should be completed by a person who is NOT a dependant or nominee and who is preferably a family member of the deceased.



1	Personal	details

I, the undersigned	(ID
My address is	
My contact number(s) is/are:	
2 Sworn statement by the person fill	ing in this form
My relationship to the deceased is:	
Do hereby state under oath as follows:	
1. I know the deceased,) from	

2. The contents of this affidavit are to the best of my knowledge both true and correct.

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- 3. According to my knowledge the following people are the deceased's dependants.3.1 Complete the information of the dependants (spouse, life partner, children) of the deceased in the table below:

Name	Relationship to the deceased	Stayed with / did not stay with the deceased	Contact details (if known)	Financially dependent on the deceased (if known) No / Yes Fully / Yes Partially	ID no's or date of births of the beneficiaries	Current status (e.g. minor, employed, unemployed, retired, full-time student, disabled etc.)	Any other relevant information

Affidavit on deceased April 2025 Page 2 of 4 3.2 Complete the information of any other person/s who are not listed above and were financially dependant on the deceased in the table below:

Name	Relationship to the deceased	Stayed with / did not stay with the deceased	Contact details (if known)	Financially dependent on the deceased (if known) No / Yes Fully / Yes Partially	ID no's or date of births of the beneficiaries	Current status (e.g. minor, employed, unemployed, retired, full-time student, disabled etc.)	Any other relevant information

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4.	According to my knowledge the deceased did not have any other financial dependents. (If you disagree with this statement, please add an explanation below.)							
5.	Any other information relating to the deceased family or dependants:							
	now and understand the contents of this affidavit. I have no objection to taking the prescribed oath and consider e oath to be binding on my conscience.							
Się	gned at day of							
	Name Signature							
•	Statement by a Commissioner of Oaths							
	ertify that the deponent has acknowledged that he knows and understands the contents of this affidavit, which as sworn to before me, and the deponent's signature was placed thereon in my presence at							
	on							

Commissioner of Oaths (ex officio)

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