AFFIDAVIT FOR THE PROOF OF CLAIM FOR EMPLOYEE

IN THE MATTER / OF _____(in Liquidation)
(hereinafter referred to as the Company /Close Corporation / Insolvent)

1. Who is the creditor?

_____
[Name the creditor (the person or entity to be paid from the claim]
Other names the creditor used with the debtor: _____
(hereinafter referred to as the Creditor)

2. Has the claim been acquired from someone else?

☐ No
☐ Yes. From whom? _____
Kindly indicate the date on which the claim was acquired: _____

3. Where should notices to the Creditor be sent?

P.O. Box _____

Physical Address: _____

Contact email: _____ Alternate email: _____

Contact number: _____ Mobile number: _____

4. Does this claim amend a claim already filed?

☐ No
☐ Yes. *Claim number of previous claim?* _____ Filed on: ____/____/_____

5. How much is the claim?

N$ _____
[_____ Namibia Dollars]

Does the amount claimed include interest or other charges? ☐ No ☐ Yes *[Attach a detailed statement itemising interest, fees, expenses, or other charges.]*

6. What is the basis of the claim?

[Examples: Goods sold and delivered, money lent and advanced, rental or services rendered]

_____

7. Is the claim secured?

[Examples: special mortgage bond, landlord's legal hypothec, pledge or right of retention]
☐ No
☐ Yes. Kindly indicate the nature of the security held? _____

_____
[Attach certified copies of all documents, if any, that show evidence of secured claim]
What is the approximate value of the security held by the Creditor? N$_____
Will the Creditor rely on the security for full and final settlement of its claim.? ☐ Yes ☐ No
Amount of the claim that is secured: N$_____
Amount of the claim that is unsecured: N$ _____

8. Is the claim entitled to preference?

☐ No
☐ Yes. *Kindly indicate the nature of the preference? [Check all that apply]*
- ☐ Funeral and death-bed expenses
- ☐ Cost of sequestration/liquidation
- ☐ Employment (in terms of the Labour Act)
- ☐ Taxes due to the Namibia Revenue Agency
- ☐ Amount payable to any pension, sick, medical, unemployment, holiday, provident or other insurance fund
- ☐ General Mortgage Bond
- ☐ Other: (specify) _____

[The person completing this affidavit for the proof of claim must sign in the presence of a commissioner of oaths. Where a claim is submitted on behalf of a creditor that is a legal entity, a resolution as well as a power of attorney authorising the person submitting the claim must be attached.]

I the undersigned _____ Identity number: _____
Do hereby make oath and say:

- I am duly authorised to submit this claim on behalf of the Creditor;
- The information contained in this claim is true and correct;
- The Company /Close Corporation / Insolvent was at the date of Liquidation/Sequestration and still is justly and truly indebted to the said Creditor for the sum set out in this claim;
- That the debt arose in the manner and at the time set forth in this claim and in the documents attached hereto, complying with the provisions of Section 44(6) of Act 24 of 1936;
- No other person besides the said Company /Close Corporation / Insolvent is liable (otherwise than as surety) for the debt or any part thereof; and
- The Creditor has not, nor has any other person, to my knowledge on the said Creditor's behalf received any security in respect of the claim other than has been expressly indicated in this claim;

Signature of Declarant _____

I certify that this Affidavit was Signed and Sworn to before me on the ___ day of _____ 202__, at _____ (place) by the deponent who has acknowledged that he/she knows and understands the contents of this affidavit, that the contents are true and correct, and that he/she has no objection to taking the prescribed oath and that he/she considers same to be binding on his/her conscience.

Full name Commissioner of Oaths:
Address Commissioner of Oaths: *Signature: Commissioner of Oaths* _____

CLAIM: SALARY

RE:_____
(NAME OF COMPANY/CLOSE CORPORATION IN LIQUIDATION)

This is to certify that Mr/Mrs/Miss _____

is allowed to claim the following amounts as at date of liquidation:

DESCRIPTION	**AMOUNTS**	**PERIOD (i.e., Dates)**
Rate of pay (hourly, daily, weekly, monthly)	N$ _____	
1. **Salary**	N$ _____	
	From_____ To_____	
2. **Leave Pay**	N$ _____	
	From_____ To_____	
3. **Other form of absence**	N$ _____	
	From_____ To_____	
4. **Severance/Retrenchment**	N$ _____	
	From_____ To_____	

5. **Concurrent claim**: Other monies due (please supply full particulars i.e., monies deducted from salary in respect of Medical Aid Fund, Pension, PAYE etc. but not paid over).
N$ _____
Being:

TOTAL AMOUNT DUE **N$**_____

*_____
SIGNED

For: _____ (COMPANY STAMP)

*This letter must be signed by the Managing Director / Director / Member / Financial Manager / Manager or Bookkeeper of the Company/ Corporation in Liquidation

In the matter/Insolvent Estate of:

_____ (In Liquidation)

REMITTANCE INSTRUCTIONS

Please arrange payment of dividends or any other funds to me as a result of the sequestration of:

_____ (In Liquidation)

as follows:

1. Deposit direct to:
   Name of bank/institute: _____

   Branch: _____

   Account Number: _____

   Branch Code: _____

   Name of holder of account: _____

   (**Please note:** All payments will be made by means of Electronic Funds Transfer to the creditor whose claim has been proved and the account to which the dividend will be deposited must be in the name of the creditor)

   NOTE: Kindly attached a stamped bank confirmation letter of the above indicated account.

_____ _____

DATE AUTHORISED SIGNATORY

Affix and cancel a N$5.00 Revenue Stamp

POWER OF ATTORNEY TO PROVE CLAIMS ETC.

I, the undersigned, _____in my capacity as _____

(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 the Creditor's in the insolvent Estate, 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(s)/Liquidator(s) and/or any offer of Composition and/or submission to arbitration of any dispute and/or the Composition of admission of any claim against the insolvent Estate and to give the Trustee(s)/Liquidator(s) directions as to the administration of the insolvent Estate and generally to act on the said Creditor's behalf at all meetings of the insolvent Estate in all matters and things in which the said Creditor's interests and concerns, hereby promising to ratify and confirm whatsoever the said Agent may do or perform by virtue of these presents.

DATED AT_____ this _____ day of _____202__.

AS WITNESSES:

1._____

2._____

_____

SIGNATURE