NOTES FOR THE COMPLETION OF CLAIMS

1. AFFIDAVIT

1.1. The commissioner of oaths must print his/her full name and business address below his/her signature and state his/her designation and the area for which he/she holds his/her appointment *ex officio*.

1.2. Any alterations on the affidavitt must be initialed by Declarant and Commissioner of Oaths.

1.3. **If security is claimed, then the amount at which the Creditor values such security must be inserted.**

1.4. As the insolvency act requires notices to be sent by registered mail, a postal address for the creditor is required.

1.5. **A Secured Creditor who relies upon his security must state the fact on the affidavit above the signature of the declarant. This insertion should be initialed. The value of the security should be clearly indicated.**

2. SUPPORTING VOUCHERS

2.1. A creditor is required to attach all relevant documents and information that will be used to prove its claim.

2.2. Where the basis for claim cannot be easily and concisely determined from the available documents, creditors are advised to include a detailed description fully setting out the basis for its claim. The detailed description must be signed by the Declarant

2.3. All documents that are attached to the claim must be initialled by the Declarant as to confirm that the document forms part of the claim that is submitted.

GOODS SUPPLIED ON ACCOUNT

2.4. The declarant is advised to complete the statement annexed to the affidavit alternately to attach a detailed statement of account of the debtor. The statement of account must clearly indicate how the outstanding amount was calculated.

2.5. Copies of all invoices and/or credit notes referred to in the statement of account must be attached.

2.6. If any amount/invoice is dated after the date of Insolvency/Liquidation, an explanation for the inclusion of the amount is required.

2.7. The statement must be signed by the Declarant.

MONEY LENT AND ADVANCED

2.8. Annex a detailed statement of account clearly indicating the capital amount, interest, fees and other charges. The statement should further indicate all receipts and payments.

2.9. Where the debtor has acknowledged the debt, a copy of the acknowledgement of debt should be attached.

2.10. Copies of any loan agreement must be attached.

INTEREST

2.11. Where interest is charged, the creditor should confirm:

- 2.11.1. The basis whereon the creditor is entitled to interest;
- 2.11.2. The rate at which interest is levied for each period; and
- 2.11.3. If the debtor claims compounded interest.

2.12. No interest is claimable on open accounts unless an agreement by the Debtors to pay such interest is annexed.

2.13. Interest may only be charged up to the date of liquidation/sequestration.

LEGAL COSTS

2.14. All legal practitioner costs must be taxed and the taxed bill of cost including the details of the items must be included.

RENT

2.15. For a claim based on rental, attached the original written lease agreement (duly stamped) and detailed statement of rent due up to date of Insolvency/Liquidation showing rental and periods. All charges other than rental must be clearly indicated.

2.16. If an oral lease agreement is alleged, the full terms of the oral lease should be included in the claim.

SURETYSHIP

2.17. Annex the original documents relating to the suretyship.

2.18. Annex a detailed statement of claim against principal debtor.

3. POWER OF ATTORNEY

3.1. N$5-00 Revenue Stamp to be affixed and cancelled with date and initials of signatory.

3.2. The power of attorney should authorise the Declarant and the person that will attend to creditors meeting to act on behalf of the creditor.

4. SIGNING AUTHORITY

The person signing the claim does so in his/her personal capacity. If the proprietor of a Firm, this should be stated. If a director, member or trustee of a company, close corporation or trust, the authority to sign on behalf of the company, close corporation or trust must be provided by attaching a resolution to authorise the person signing (On a letter head or rubber stamp at bottom of page).

AFFIDAVIT FOR THE PROOF OF CLAIM

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 _____

STATEMENT OF ACCOUNT IN TERMS OF SECTION 44 (B) OF ACT 24 OF 1936

In the case of a claim being in respect of goods sold and delivered on an open account this statement should be completed in every respect and attached to the claim documents.

NAME OF CREDITOR:
_____

ADDRESS OF CREDITOR:
_____

NAME OF DEBTOR: _____

BRIEF DESCRIPTION OF GOODS SUPPLIED:

_____

DETAILS OF SALES:

Date	Invoice No.	Amount	Monthly Totals (Not Progressive)
	TOTAL DEBITS "A"	N$	N$

DETAILS OF PAYMENTS RECEIVED AND CREDITS ALLOWED:

Date	Invoice No.	Amount	Monthly Totals (Not Progressive)
	TOTALE KREDIETE "B" / TOTAL CREDITS "B"	N$	N$
	AMOUNT OF CLAIM AS PER AFFIDAVIT i.e. "A" less "B"		N$

NOTES:

1. A brief description of goods sold must be given, i.e., groceries, hardware, confectionery, clothing, etc.
2. "A" and "B" must reflect full period of trading or for a period of twelve months before date of liquidation/sequestration, whichever is the lesser.
3. If no payments were received or credits given state "NIL" under "B".
4. In the event of there being insufficient room on this sheet, debits and credits may be set out in the same manner as herein required on separate sheets.

RESOLUTION

_____ (PTY) LIMITED/CC/TRUST

CERTIFIED EXTRACT FROM THE MINUTES OF A MEETING OF DIRECTOR(S)/MEMBER(S)/TRUSTEE(S) OF THE ABOVEMENTIONED COMPANY/CLOSE CORPORATION/TRUST,

HELD AT _____

ON THE _____ DAY OF _____202__.

IT WAS RESOLVED:

That Mr./Me _____ a Director / Secretary / Accountant / Official / Member or Trustee _____of the Company / Close Corporation/ Trust, be and is hereby authorised and empowered to nominate a provisional or final trustee(s)/Liquidator(s) on behalf of the Company / Close Corporation / Trust and to sign all the necessary documents to enable the Company / Close Corporation / Trust to prove its claim against the insolvent Estate, to attend meetings of creditors of the said Estate, and to speak and vote on behalf of the Company / Close Corporation/ Trust, with power, in his discretion to substitute and appoint any other person or persons to attend such meetings of the Company's / Close Corporation's/ Trust's behalf and to vote thereat.

CERTIFIED A TRUE COPY

_____

AUTHORISED OFFICIAL

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

_____

CAPACITY
(Duly authorised thereto)

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 Creditor's in the matter of _____, 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 Estate and to give the Trustee(s)/Liquidator(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 and concerned, 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