



AFFIDAVIT: PAYMENT NOT RECEIVED (EFT)

FULL NAME AND SURNAME OF BENEFICIARY:

ID NUMBER OF BENEFICIARY:

NAME AND SURNAME OF PAYEE:

ID NUMBER OF PAYEE:

RELATIONSHIP TO BENEFICIARY:

Ideclare under oath the following:

1. I was informed by the Master of the High Court, Guardian Fund that a payment in the amount of R was processed and deposited into my banking account on

2. My banking details are as follow:

NAME OF ACCOUNT:

BANK NAME:

BRANCH NAME:

BRANCH CODE (if available):

ACCOUNT NUMBER:

TYPE OF ACCOUNT:

3. I confirm that I did not receive any payment to date. A bank statement dated for the period until is attached

.....
 SIGNATURE DATE

.....
 PRINT NAME AND SURNAME

I certify that:

- I have satisfied myself as to the identity of the applicant;
- The deponent has acknowledged that he/she knows and understands the contents of the affidavit which was signed

before me at on this day of 20.....

.....
 SIGNITURE OF COMMISSIONER OF OATH

Full Names:

Area for which appointed:

Office ex officio:

DATE STAMP