



REPUBLIC OF SOUTH AFRICA

APPLICATION FOR MONIES FROM GUARDIANS FUND

Inheritance	Executor	Liquidator	Insolvent	Creditors	Expropriation	Curator Bonls	Termination of Usufruct

(Please mark appropriate box above with X)

A. PARTICULARS OF APPLICANT

Full Names & Surname													
Identity Number													
Type of Marriage								Date of Marriage:					
Full Names of Spouse:													
Full Names of Both Parents:													
Postal Address:								Residential Address:					
Tel/Cell Number:								Email Address:					

B. PARTICULARS OF ESTATE

Name of Estate / Company in Liquidation (if applicable):			
Estate Reference Number: (if applicable)		GF File Number: (if available)	

C. NOTE:

AGENTS:

- **ALL SERVICES RENDERED BY THE GUARDIAN'S FUND ARE FREE OF CHARGE.**
- **THE GUARDIAN'S FUND IS IN NO WAY LINKED TO THE SERVICES OF AGENTS.**
- **IN TERMS OF SECTION 51(1) (f) OF THE CONSUMER PROTECTION ACT, 2008 (ACT NO. 68 OF 2008): A SUPPLIER MUST NOT MAKE A TRANSACTION OR AGREEMENT SUBJECT TO ANY TERM OR CONDITION IF - IT PURPORTS TO CEDE TO ANY PERSON, CHARGE, SET OFF AGAINST A DEBT, OR ALIENATE IN ANY MANNER, A RIGHT OF THE CONSUMER TO ANY CLAIM AGAINST THE GUARDIAN'S FUND**

1. I have been assisted by an AGENT. YES NO

2. Name and Surname of Person assisting me: Contact No:

3. I am aware of the contents of Section 51(1) (f) of the Consumer Protection Act, as referred to and I do not need to make any payments in respect of fees to an AGENT. YES NO

4. I still request the Master to proceed with the payment into my bank account as per my banking details below regardless of the warning in respect of AGENTS. YES NO

**** NB: ALL DETAILS REQUESTED ON THIS FORM MUST BE COMPLETED IN FULL. YOUR OMISSION WILL RESULT IN YOUR INCOMPLETE FORM BEING RETURNED TO YOU. ***THIS APPLICATION MUST BE PRINTED ON ONE PAGE ONLY (FRONT AND BACK). TWO PAGE APPLICATIONS WILL NOT BE ACCEPTED.**

Signature of Commissioner: Signature of Applicant:.....

D. BANK DETAILS OF THE APPLICANT											
The Director General : Department of Justice and Constitutional Development											
I hereby request and authorise you to pay any amounts in respect of Guardians Fund which may accrue to me to the credit of my / our account with the authorised financial services provider mentioned below.											
I understand that the credit transfers hereby authorised will be processed electronically to the account specified below. I also understand that any banking costs for transactions (withdrawals/bank statements/etc.) made on the account will be borne by me. The Department of Justice & Constitutional Development will not be liable for any banking costs on the account. I also hereby indemnify the Department of Justice & Constitutional Development for any incorrect detail and information that may have been specified on this form.											
Name of Bank:					Name of Branch:						
Name of Account Holder:											
Branch Code:				Account Number:							
Type of Account:	Current Account			Savings Account							
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Stamp of Bank </div>				Name of Bank Official: _____ Signature of Bank Official: _____							

E. DECLARATION	
I, the undersigned, declare under oath / affirm and say that I am entitled to the funds claimed herein and that the particulars stated in this application are true and correct to the best of my knowledge and belief.	
I also undertake to inform the Department of Justice & Constitutional Development should any of the above details change in any way.	
..... DATE PRINT NAME AND SURNAME
I certify: SIGNATURE OF APPLICANT
1. that I have satisfied myself as to the identity of the applicant; 2. that the deponent has acknowledged that he / she knows and understands the contents of the affidavit which was signed before me; 3. That the affidavit was sworn to / affirmed before me at on this day of 20	
..... Commissioner of Oaths Signature	
Full names:	
SAPS Official Force Number (If applicable):	
Area for which appointed:	
Officio ex officio:	
Address:	

FOR OFFICE USE ONLY	APPLICATION APPROVED / NOT APPROVED		COMMENTS		
		PRINT NAME AND SURNAME	DATE	SIGNATURE	