

ANNEXURE A of the death claim form- Statement from a close friend

To be signed in the presence of a Commissioner of Oaths. Please mark as N/A sections not applicable to the particular case.

NAME																									
ID NUMBER																									
								CELL	PHO	NF															
AGE								ŇŪM	BER																
TELEPHONE NUMBER (H)/ (W)																									
Declare/confirm under oath in Englis	sh																								
1. I am not related to the deceased	1. I am not related to the deceased and I have known and been a personal friend of the deceased and his/her family for more than 5 years																								
2. I know that the following family m	2. I know that the following family members were financially dependent on the deceased at the time of death:																								
3. I know that the following non-related individuals were assisted financially by the deceased at the time of death.																									
4. If the above (3) is completed, ple	ase s	tate	the	appr	oxim	nate	finar	ncial	assi	istan	ce pr	ovid	led b	y the	e de	ceas	ed,								
5. Did the deceased lend financial support to his/her parent/s?																									
I am familiar with, and understand th	he cor	ntent	ts of	this	decl	arati	ion.	l hav	ve no	o obje	ectio	n/ha	ve o	bject	ion t	o ta	king t	the p	resc	ribed	oat	h. I c	onsi	der t	he
prescribed oath as binding to my co	nscier	nce.																							
									[DATE								-].				
SIGNATURE																	D		М	М		Y	Y	Y	Y
									5	SIGNED AT															
I certify that the above statement wa	as tak	en fr	rom	me a	and t	hat t	the c	depo	nent	has	ackr	owle	edge	that	t he/	she	know	's an	d un	derst	and	s the	conf	ents	s of
the statement. The statement was s																									
									[DATE								-			-				
SIGNATURE OF COMMISSIONER OF OATHS										SIGNED AT							D		М	М		Y	Y	Y	Y



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