

ANNEXURE B - DECLARATION OF DEPENDENCY

FULL NAME												
IDENTITY NUMBER												
RELATIONSHIP TO DECEASED												
DATE FROM WHICH YOU HAVE RECEIVED FINANCIAL SUPPORT FROM THE DECEASED?			-			-						
WHY WAS THE DECEASED SUPPORTING YOU FINANCIALLY AT TIME OF DEATH?												

STATEMENT OF YOUR INCOME AND EXPENSES

Gross Income (list monthly gross income from all income sources, if applicable)

OWN	R											.		
SPOUSE (IF APPLICABLE)	R											.		
TOTAL GROSS MONTHLY INCOME	R											.		

EXPENSES - BASIC NECESSITIES:

Expenses (list monthly expense)

ACCOMMODATION	R											.			(including electricity, water, rates and taxes)
MEDICAL EXPENSES	R											.			
FOOD	R											.			
CLOTHING	R											.			
TRANSPORT	R											.			

EDUCATIONAL NEEDS: (ALL LEVELS)

ACCOMMODATION (INCLUDING MEALS)	R											.		
TRANSPORT	R											.		
TUITION FEES	R											.		
SCHOOL WEAR, ETC.	R											.		

OTHER EXPENSES:

MAINTENANCE RESPONSIBILITIES	R											.															
HIRE PURCHASE/LOAN/CREDIT CARD INSTALMENTS	R											.															
INSURANCE PREMIUMS PAYABLE	R											.															
OTHER	R											.			SPECIFY <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
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TOTAL MONTHLY EXPENSES	R											.															

1. I understand that I have been identified as a potential dependant or nominee and declare that I was financially dependent on the deceased at the



time of death and attach proof of my dependency (eg. bank statements reflecting regular payments made to the deponent by the deceased).

2. I further declare that should an allocation be made to me by the Trustees, it is likely that I:

WILL ACCEPT THE BENEFIT WILL DECLINE THE BENEFIT

Please note: Should the second option be ticked, please provide the Trustees with reasons for this option being chosen:

[Empty rectangular box for providing reasons]

Declaration under oath / Affirmation

I, declare under oath/truly affirm that the information in this form, and in the supporting documents which I have signed, is true and correct.

SIGNATURE OF PERSON WHO COMPLETED THIS ANNEXURE [Signature box] DATE [DD - MM - YYYY] SIGNED AT [Location box]

The declarer acknowledges that he/she knows and understands the content of the above declaration. I duly administered the oath/affirmation as prescribed by law. Thereafter the declarer signed the above affidavit/declaration in my presence.

SIGNATURE OF COMMISSIONER OF OATHS [Signature box] DATE [DD - MM - YYYY] SIGNED AT [Location box]

