



AFFIDAVIT: PAYMENT NOT RECEIVED (CHEQUE)

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 cheque no dated in the amount of R was processed and forwarded to the following address:

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

3. I will return the cheque immediately to the Master of the High Court, should I receive this cheque meanwhile and not attempt to bank it.

.....
 Date Signature of Applicant

 Name and Surname ID No
 Address:

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

DATE STAMP

Full Names:
 Area for which appointed:
 Office ex officio: