



AFFIDAVIT CONFIRMING DEPENDANTS (BIOLOGICAL / LEGALLY ADOPTED CHILDREN AND SPOUSES OF DECEASED)

Industry Number						Identity Number																			
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Title		Initials		Surname																					
I, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									
Identity / Passport Number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel No		Code		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
states that the deceased was my (State Relationship) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									
I hereby confirm and certify that to the best of my knowledge, the deceased has																						<input type="text"/>	<input type="text"/>	biological / legally adopted child / children.	

PLEASE LIST ALL BIOLOGICAL / LEGALLY ADOPTED CHILDREN

#	FULL NAME AND SURNAME	DATE OF BIRTH	BIOLOGICAL / ADOPTED CHILDREN (BORN FROM FIRST OR SECOND MARRIAGE)	DEPENDENT ON DECEASED	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I, hereby also confirm and certify that to the best of my knowledge, the deceased has/had spouse/s and previous spouse/s

LIST ALL PREVIOUS SPOUSES / LIFE PARTNERS AND CURRENT SPOUSE / LIFE PARTNER

#	FULL NAME AND SURNAME	DATE OF BIRTH	DATE OF MARRIAGE	DATE OF DIVORCE	MAINTENANCE PAYABLE							
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



AFFIDAVIT CONFIRMING DEPENDANTS (CONTINUED)
(BIOLOGICAL / LEGALLY ADOPTED CHILDREN AND SPOUSES OF DECEASED)

Industry Number

Identity Number

I HEREBY CONFIRM THE FOLLOWING: (ANY ADDITIONAL INFORMATION)

Signature

Date (YYYYMMDD)

COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he / she knows and understands the contents of this declaration,
which was signed and sworn to before me at _____ on this _____ day of _____ 20____
and that the Regulations contained in Government Notice R1258 of 21 July 1972, as amended, have been
complied with.

Commissioner of Oaths

Full Names

Capacity

Address

TO BE STAMPED AND SIGNED BY COMMISSIONER OF OATHS

Signature

STAMP

Please send your application form and required documents to :
Sentinel Retirement Fund,
Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com