SENTINEL
Retirement Fund

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

Industry Number

Identity Number

Title | Initials | Surname

I,

Identity / Passport Number

Tel No | Code | Number

states that the deceased was my ***(State Relationship)***

I hereby confirm and certify that to the best of my knowledge, the deceased has ____ biological / legally adopted child / children.

LIST ALL BIOLOGICAL / LEGALLY ADOPTED CHILDREN (INCLUDING DECEASED CHILDREN)

	FULL NAME AND SURNAME	DATE OF BIRTH	MOTHER OF BIOLOGICAL / ADOPTED CHILD	DEPENDENT ON DECEASED	
1.		Y		Yes	No
2.		Y		Yes	No
3.		Y		Yes	No
4.		Y		Yes	No
5.		Y		Yes	No
6.		Y		Yes	No
7.		Y		Yes	No

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

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

	FULL NAME AND SURNAME	DATE OF BIRTH	DATE OF MARRIAGE / COHABITATION	DATE OF DIVORCE / SEPARATION	DATE OF DEATH
1.					
2.					
3.					Y
4.					Y
5.					
6.					

SENTINEL
Retirement Fund

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)
	Y Y Y Y M M D D

COMMISIONER 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