

Third party affidavit on deceased

Note: Affidavit should be completed by a person who is NOT a dependant or nominee and who is preferably a family member of the deceased.

1 Personal details
l, the undersigned(ID
My address is
My contact number(s) is/are:
2 Sworn statement by the person filling in this form
My relationship to the deceased is:
Do hereby state under oath as follows:
l. I know the deceased,
(ID) from

- 2. The contents of this affidavit are to the best of my knowledge both true and correct.
- 3. According to my knowledge the following people are the deceased's dependants.
- 3.1 Complete the information of the dependants (spouse, life partner, children) of the deceased in the table below:

Name	Relationship to the deceased	Stayed with / did not stay with the deceased	Contact details (if known)	Financially dependent on the deceased (if known) No / Yes Fully / Yes Partially	ID no's or date of births of the beneficiaries	Current status (e.g. minor, employed, unemployed, retired, full- time student, disabled etc.)	Any other relevant information

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If you di		s statement, p	lease add an	explanation b	elow.)	endents.	
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