

<b>BLACKIE SWART FAMILIE TRUST</b>	
<b>CREDITOR PROOF OF CLAIM FORM</b>	
Creditor registered name:	
Trading as:	
Registration nr:	
Contact person:	
Telephone number:	
Bank Name:	
Account Number:	
Account Type:	
Branch Code:	
PLEASE NOTE: should your banking details change at any stage during the process, it is your responsibility to notify the relevant party. The trust and the trustees or other representatives will not accept responsibility should any funds be transferred to the incorrect bank account.	
<b>Pre-Rehabilitation Debt (Amounts in ZAR)</b>	
Total of invoices	R
Total of interest charges	R
Total of legal fees	R
Total of other debits	R
<b>Total Sales and Debits ("A")</b>	R
<b>Post-Rehabilitation debt and potential damages (Amounts in ZAR)</b>	
Post rehabilitation debt	R
Future debt and damages	R
Total of other debt	R
<b>Total Other ("B")</b>	R
<b>Total Outstanding ("A" + "B")</b>	R
<b>Is this debt Secured</b>	

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date