

ANNEXURE C - DECLARATION OF NON-DEPENDENCY

DECEASED NAME	<input type="text"/>
FULL NAME	<input type="text"/>
IDENTITY NUMBER	<input type="text"/>
RELATIONSHIP TO THE DECEASED	<input type="text"/>

Declare that:

- I was not financially dependent on the member at the time of his/her death
- I did not receive financial support from him/her
- I would not have become financially dependent on the member had he/she not died

Declaration under oath / Affirmation

I hereby confirm that I do not wish to be considered for an allocation of a benefit from the membership of the deceased.

I declare under oath that the information in this form, and in the supporting documents which I have signed, is true and correct.

SIGNATURE OF PERSON WHO
COMPLETED THIS ANNEXURE

DATE

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

The declarer acknowledges that he/she knows and understands the content of the above declaration. I duly administered the oath/affirmation as prescribed by law. Thereafter the declarer signed the above affidavit/declaration in my presence.

SIGNATURE OF
COMMISSIONER OF OATHS

DATE

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

