



**APPLICATION FOR MONIES FROM GUARDIANS  
 FUND BY THE LIQUIDATOR/TRUSTEE**

**SECTION A**

I ..... the undersigned in my capacity as Liquidator / trustee in the abovementioned Insolvent Estate /Company in Liquidation hereby apply for the payment of the monies to the credit of the abovementioned insolvent estate / company in liquidation.

**CONTACT DETAILS:**

Postal address: .....

Tel number Work: .....

FAX Number (If Any) .....

Cell number: .....

E-mail address: .....

The following documentation are attached:

- Letters of Appointment as Trustee / Liquidator
- Certified copy of ID Document of Appointee

.....  
**DATE**

.....  
**SIGNATURE OF TRUSTEE/LIQUIDATOR**

.....  
**PRINT NAME AND SURNAME**

**NOTE:**

TRACING AGENTS:

A practise whereby persons search the registers of unclaimed monies, seek out the persons entitled thereto and obtain cession of their rights is prohibited by a direction of the Minister of Trade and Industry in terms of the Harmful Business Practice Act 71 of 1988. Notice 69 of 1965 (Gazette 16193 of 27 January 1995) declaring unlawful any agreement whereby a person cedes to any person charges, sets off against any debt or alienates in any other manner, his right or title to any claim against the Guardian's Fund. Any person is prohibited for instituting a claim in any Court of law based on such an unlawful agreement. Therefore, if money is claimed on behalf of a person / institution by a trading agent the cheque must still be made payable to the person / institution reflected in our records.

**SECTION B**

**INSOLVENT ESTATE/ COMPANY IN LIQUIDATION** .....

.....

**ESTATE NUMBER:** .....

**DATE OF PROVISIONAL / FINAL ORDER** .....

**SECTION C - EVIDENCE OF IDENTITY**

***CERTIFICATE BY LIQUIDATOR /TRUSTEE***

I the undersigned, Liquidator/Trustee of the insolvent Estate/Company in Liquidation .....  
..... No .....  
declare I have deposited the amount of ..... under Receipt No .....  
to the credit of ..... to the Guardians Fund.

I have / have not satisfied myself that the person who signed the above application is entitled to the funds claimed which were deposited in the Guardian Fund.

.....  
DATE SIGNATURE OF TRUSTEE / LIQUIDATOR  
.....  
FULL NAME AND SURNAME .....  
ID NUMBER .....  
CELL NUMBER .....

**NOTE:**

**Section A of this application must be completed by the executor / representative in the estate of the deceased for whom the money is held.**

**Section B of this application must be completed by the executor / representative in the estate of the deceased from which the money was received.**

FOR OFFICE USE ONLY	APPLICATION APPROVED/NOT APPROVED		COMMENTS	
	PRINT NAME AND SURNAME	DATE	SIGNATURE	