INDEMNITY

FULL NAME AND SURNAME OF BENEFICIARY: ………………………………………………………………………

(Minor, Person incapable of handling own affairs, etc)

ID NUMBER OF BENEFIARY: …………………………………………………………………………………..

(Minor, Person incapable of handling own affairs, etc)

I …………………………………………………………………………………….. of

………………………………………………………………………………………………………(full address)

- authorize the Master of the High Court to post my cheque to address:

    …………………………………………………………………………………
    …………………………………………………………………………………
    …………………………………………………………………………………
    …………………………………………………………………………………

- and indemnify the Master of the High Court from liability to any fraud or loss of cheque that may result by posting my cheque to the aforementioned address

Date ……………………………………………   Signature of Applicant: ……………………………………………

Name and Surname: …………………………………………...

ID No: ……………………………………………………………

I certify that:

- I have satisfied myself as to the identity of the applicant;

- The deponent has acknowledged that he/she knows and understands the contents of the affidavit which was signed

    before me at ……………………………………………. on this ……..…… day of ………………………….. 20……..

……………………………………………………
SIGNATURE OF COMMISIONER OF OATH

Full Names: ………………………………………………………………………

Area for which appointed: ………………………………………………………

Office ex officio: ……………………………………………………………………

Date Stamp