

# Funeral claim form

Please complete all the sections.

## A - Scheme details

Scheme name	<input type="text"/>	Scheme reference	<input type="text"/>
Employer name	<input type="text"/>		
Employer branch name or number	<input type="text"/>		

## B - Member's details

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member reference number	<input type="text"/>
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID/passport number	<input type="text"/>
Passport country of origin	<input type="text"/>		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Permanent life partner		
Date of joining the employer	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of joining the scheme	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last known home number	<input type="text"/>	Cellphone number	<input type="text"/>
Last known email address	<input type="text"/>		
Last known residential address	<input type="text"/>		
		Postal code	<input type="text"/>

## C - Deceased's details (only complete the date of death if the deceased is the member)

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID/passport number	<input type="text"/>
Passport country of origin	<input type="text"/>		
Relationship to member	<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Nominee <input type="checkbox"/> Permanent life partner <input type="checkbox"/> Parent-in-law		
Relationship to member	<input type="checkbox"/> Other <input type="checkbox"/> Extended family	e.g. Aunt, Uncle etc. <input type="text"/>	
Date of death	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last known home number	<input type="text"/>	Cellphone number	<input type="text"/>
Last known email address	<input type="text"/>		
Last known residential address	<input type="text"/>		
		Postal code	<input type="text"/>

## D - Payment details

Who the benefit will be paid to	<table><tr><td>Member</td><td></td><td>Spouse</td><td></td><td>Dependants/nominees</td><td></td><td>Other</td><td></td></tr></table>	Member		Spouse		Dependants/nominees		Other					
Member		Spouse		Dependants/nominees		Other							
Name of payee	<input type="text"/>												
Account holder's name	<input type="text"/>												
Name of bank	<input type="text"/>												
Branch name	<input type="text"/>												
Account number	<input type="text"/>	Branch code	<input type="text"/>										
Account type	<table><tr><td></td><td>Current/cheque</td><td></td><td>Transmission</td><td></td><td>Savings</td></tr></table>		Current/cheque		Transmission		Savings						
	Current/cheque		Transmission		Savings								
Signed at	<input type="text"/>												
Signature of claimant	<input type="text"/>	Date	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

## E - Claimant's details (do not complete this section if the claimant is the member)

Title	<input type="text"/>	Initial(s)	<input type="text"/>														
First name(s)	<input type="text"/>																
Surname	<input type="text"/>																
Date of birth	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
RSA ID	<table><tr><td>Yes</td><td></td><td>No</td><td></td></tr></table>	Yes		No		ID/passport number	<input type="text"/>										
Yes		No															
Passport country of origin	<input type="text"/>																
Relationship to member	<table><tr><td>Member</td><td></td><td>Spouse</td><td></td><td>Child</td><td></td><td>Parent</td><td></td><td>Nominee</td><td></td><td>Permanent life partner</td><td></td><td>Parent-in-law</td><td></td></tr></table>			Member		Spouse		Child		Parent		Nominee		Permanent life partner		Parent-in-law	
Member		Spouse		Child		Parent		Nominee		Permanent life partner		Parent-in-law					
Relationship to member	<table><tr><td>Other</td><td></td><td>Extended family</td><td></td><td>e.g. Aunt, Uncle etc.</td></tr></table>			Other		Extended family		e.g. Aunt, Uncle etc.									
Other		Extended family		e.g. Aunt, Uncle etc.													
Residential address	<input type="text"/>																
	<input type="text"/>		Postal code <input type="text"/>														
Home number	<input type="text"/>	Cellphone number	<input type="text"/>														
Work number	<input type="text"/>	Fax number	<input type="text"/>														
Email address	<input type="text"/>																

## F - Declaration by employer

I  (full names)

declare that:

- The deceased was a member of the scheme at the date of death or a dependant or nominee of a member;
- All particulars provided in this form and accompanying documentation, are to the best of my knowledge true and correct; and
- I have made every effort to comply with the requirements stipulated in this document.

I agree that Momentum Corporate may process all the information that I provide in this form. I understand that the information will be processed according to the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

I agree that Momentum Corporate may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.

[Click here to read Momentum's privacy notice.](#)

Signed at	<input type="text"/>												
Designation	<input type="text"/>												
Signature of employer	<input type="text"/>	Date	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td>-</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

## Documentation required

The following documents are required for claim submission together with a fully completed claim form: <b>(If the deceased was a South African citizen)</b>		
<b>Death of member:</b>	The most recent nominated beneficiary form.	
	If it is a Customary union or a marriage concluded under the tenets of any other religion, or a Permanent Life partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	
<b>Death of spouse / Life Partner:</b>	Proof of marriage is required if it is a Customary Union or a marriage concluded under the tenets of any other religion, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	
<b>Death of child:</b>	If the surname of a child is different to that of the member proof of relationship is required from the parent not claiming. The attached Momentum Affidavit must be completed and certified by a commissioner of Oaths	
	If stillbirth a fully completed BI 1663 / DHA Form.	
	Child in full time study (If benefit applicable per policy) proof of registration as a student in the year of death.	
	Child who is incapacitated (Mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)	
<b>Death of Parent / Parent-in-law:</b>	Proof of marriage is required if it is a Customary Union or a marriage concluded under the tenets of any other religion, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	
<b>Death of nominee:</b>	The most recent nominated beneficiary form.	
<b>Accidental death benefit</b>	Police report	
	Identification of body form	

The following documents are required for claim submission together with a fully completed claim form: <b>(If the deceased is a Foreign national)</b>		
<b>Death of member:</b>	Latest copy of members ID or back and front copies of ID card or birth certificate	
	A certified copy of the late member's passport.	
	If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/stillbirth (DHA-1663) form.	
	If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.	
<b>Death of spouse/ Life Partner:</b>	A certified copy of the late spouses' passport.	
	If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/stillbirth (DHA-1663) form.	
	If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.	
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate	
	Proof of marriage/ spouse must be provided. If marriage is registered, then a marriage certificate is needed. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	
<b>Death of a child:</b>	A certified copy of the late child's passport.	
	If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/stillbirth (DHA-1663) form.	
	If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.	
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate	
	If surname of a child is different to that of the member, proof of relationship is required from the parent not claiming. The attached Momentum Affidavit must be completed and certified by a Commissioner of Oaths.	
	If Stillbirth, a doctor's note confirming gestation period at date of birth.	
	Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.	
	Child who is incapacitated (mentally or Physically) proof of disability (e.g. report from attending doctor or medical certificate)	
<b>Death of parent/ Parent-in-law:</b>	A certified copy of the deceased's passport.	
	If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/stillbirth (DHA-1663) form.	
	If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.	
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate	
	Proof of marriage/ spouse must be provided. If marriage is registered, then a marriage certificate is needed. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	

<b>Death of nominee</b>	A certified copy of the late nominees' passport.	
	If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/stillbirth (DHA-1663) form.	
	If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.	
	Most recent nominated beneficiary form.	
	Latest copy of the deceased ID or back and front copies of ID card or birth certificate	
<b>Accidental death benefit</b>	Police report	
	Identification of body form	

**Momentum reserves the right to request additional documents should they so require.**

**When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.**

**Options to sign the form:**

1. Print out the form, sign and scan it and send it back via Momentum.
2. Place your scanned signature in the signature block.
  - Store your scanned signature in a safe place on your computer.
  - Select the 'comments' tab from your menu in Adobe.
  - Select the 'add stamp' icon.
  - Select custom stamps.
  - Create custom stamps.
  - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
  - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
  - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

## Affidavit - Permanent Life Partner

**I, the undersigned**

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address	<input type="text"/>
	<input type="text"/>
	Postal code <input type="text"/>

**My contact details are:**

Cellphone no	<input type="text"/>	Tel no: Home	<input type="text"/>
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The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,**

Title	<input type="text"/>	Full name	<input type="text"/>
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RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no	<input type="text"/>
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Passport country of origin	<input type="text"/>
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was my permanent life partner since   -   -     , until the time of his or her death.

☐ we were living together in a joint household which we mutually shared at

Residential address	<input type="text"/>
	<input type="text"/>
	Postal code <input type="text"/>

from   -   -     until the time of my partner's death   -   -

☐ We were financially dependent on each other;

☐ We have   children born from our "union" or jointly raised during our union namely

Full name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Full name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Full name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Full name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Full name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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☐ We shared the following living expenses:

<input type="text"/>
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☐ We jointly owned the following assets and liabilities:

<input type="text"/>
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Please provide specific detail/s that can objectively prove/substantiate the content of proof of your partner with supporting evidence on the following:

**Insurance policy**

☐ I nominated my partner

Title  First name   
Surname   
as a beneficiary under my  insurance policy  
Policy Details

**Will and testament**

☐ I nominated my partner/or my partner nominated me in our will under clause.

**Medical Aid**

☐ I was covered under my partner's medical aid

Name of medical aid   
from   -   -     until the time of his/her death   -   -

☐ OR My partner

Title  First name   
Surname   
was covered under my medical aid from   -   -     until the time of his/her death   -   -

**In addition, the following information confirms my relationship to the deceased**

Signed at

**Deponent**  **Date**    -   -

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

**Commissioner of Oaths**  **Date**    -   -

Title  First name   
Surname   
Address   
  
 Postal code

## Affidavit - For marriages concluded under tenets of any other religion

**I, the undersigned**

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

**My contact details are:**

Cellphone number	<input type="text"/>	Tel no: Home	<input type="text"/>
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The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**The deceased,** Title  Full name

RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

was my husband/Wife since   -   -     , until the time of his or her death.

I confirm that our marriage was in terms of  Islamic law ☐  Hindu law ☐  Buddhist law ☐  Other ☐

The marriage was performed by: Title  First name

Surname

(Religious leader/ Designation)

Place

☐ I attach a copy of a certificate issued by the authority (e.g. Muslim Judicial Council).

Signed at

<b>Deponent</b>	<input type="text"/>	<b>Date</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I certify that:  
The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths

Date

D

D

-

M

M

-

Y

Y

Y

Y

Title

First name

Surname

Address

Postal code



## Affidavit - African Customary Marriages

### I, the undersigned

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

do hereby make oath and state as follows:

### I am an adult male/female, residing at

Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

### My contact details are:

Cellphone no	<input type="text"/>	Tel no: Home	<input type="text"/>
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The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

### The deceased,

Title	<input type="text"/>	Full name	<input type="text"/>
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RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
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Passport country of origin	<input type="text"/>
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was my husband/Wife since   -   -     , until the time of his or her death.

I confirm the following:

Our marriage was a customary union; (select whichever is applicable):

☐ My late husband

Title	<input type="text"/>	First name	<input type="text"/>
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Surname	<input type="text"/>
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paid lobola to my father/Guardian parent(s)

Title	<input type="text"/>	First name	<input type="text"/>
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Surname	<input type="text"/>
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RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
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Passport country of origin	<input type="text"/>
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or with my and my father's consent on   -   -     that being our date of marriage;

or

☐ My family and I paid lobola to my late wife's father/Guardian parent

Title	<input type="text"/>	First name	<input type="text"/>
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Surname	<input type="text"/>
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RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID / Passport no <input type="text"/>
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Passport country of origin	<input type="text"/>
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with the intent of making her my lawful wife as per the custom on   -   -     that being our date of marriage;

the payment of/or part thereof of lobola, we have been living together as husband and wife from this date until the time of his death

**I attach a copy of the following** ☐ proof of lobola letter ☐ Certificate issued by any council or authority. ☐ (select whichever is applicable)

Signed at	<input type="text"/>
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<b>Deponent</b>	<input type="text"/>	<b>Date</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I certify that:  
The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.  
The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths

Date

D

D

-

M

M

-

Y

Y

Y

Y

Title

First name

Surname

Address

Postal code

## Affidavit - Where child/ren surname differs

(To be completed by the parent not claiming)

**I, the undersigned**

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
RSA ID	<input type="text"/> Yes <input type="text"/>	<input type="text"/> No <input type="text"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

do hereby make oath and state as follows:

**I am an adult male/female, residing at**

Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

**My contact details are:**

Cellphone no	<input type="text"/>	Tel no: Home	<input type="text"/>
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The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

**I confirm the following:**

<input type="checkbox"/> The deceased			
Full Name	<input type="text"/>		
RSA ID	<input type="text"/> Yes <input type="text"/>	<input type="text"/> No <input type="text"/>	ID / Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		

born on    -     -     was my biological child or my spouse's   child.

The deceased's surname was different from the members' due to the following reasons:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**I attach proof of the following showing that he/she was my child: (select whichever is applicable):**

- ☐ Medical aid certificate
- ☐ School fees receipts/statements;
- ☐ Beneficiary nomination form of any policy or product;
- ☐ Any other form of proof.

Signed at

**Deponent**

**Date**

-     -

I certify that:  
The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at

Commissioner of Oaths

Date

D

D

-

M

M

-

Y

Y

Y

Y

Title

First name

Surname

Address

Postal code