

3.2 Complete the information of any other person/s who are not listed above and were financially dependant on the deceased in the table below:

Name	Relationship to the deceased	Stayed with / did not stay with the deceased	Contact details (if known)	Financially dependent on the deceased (if known) No / Yes Fully / Yes Partially	ID no's or date of births of the beneficiaries	Current status (e.g. minor, employed, unemployed, retired, full-time student, disabled etc.)	Any other relevant information

4. According to my knowledge the deceased did not have any other financial dependents. **(If you disagree with this statement, please add an explanation below.)**

.....

5. Any other information relating to the deceased family or dependants:

.....

I know and understand the contents of this affidavit. I have no objection to taking the prescribed oath and consider the oath to be binding on my conscience.

Signed at on this the day of 20

.....
 Name Signature

3 Statement by a Commissioner of Oaths

I certify that the deponent has acknowledged that he knows and understands the contents of this affidavit, which was sworn to before me, and the deponent's signature was placed thereon in my presence at

..... on

Commissioner of Oaths (ex officio)