

FORM 6

REGULATIONS RELATING TO SHERIFFS, 1990 CLAIMS AGAINST FUND

[Regulation 5]

	(*full name of claimant/representative		
clai	claimant), duly authorized by		
(Ite per	PERSONAL PARTICULARS The sems 1 to 10 to be completed by or on behalf of a natural person, item 9 to 12 on behalf of a juristic reson or partnership and items 13 to 15 by an authorized representative of such a person, juristic reson or partnership).		
1.	Sex		
2.	Marital Status		
3.	Population Group		
4.	Date of birth		
5.	Identity number		
6.	Nationality		
7.	Residential address		
	Postal code		
8.	Telephone number		
9	Work or Business address		
	Postal code		
10.	Telephone number		
11.	Postal address		
	Postal code		
12.	Telephone number		
13.	Capacity		
14	Work or Business address		
	Postal code		
15.	Telephone number* *Delete whichever is not applicable		

B. PARTICULARS OF CLAIM

1.	Place of contingency	
2.	Date of contingency	
3.	Date when claimant became aware of contingency	
4.	Nature of contingency	
5.	Names and addresses of eyewitnesses to contingency	
	(a)	
		Postal code
	(b)	
		Postal code
	(c)	7 0000 0000
	(0)	
		Doctol code
_		Postal code
6.	Names and address of sheriff or deputy sheriff in respect of	
		Postal code
7.	Details of damage or loss suffered	
7.	Total amount claimed	
Ιd	eclare that the particulars furnished by me are in all respects of	complete and correct
	Signature of claimant or authorized representative	Date

Remarks

- 1. in terms of the Regulations relating to Sheriffs, 1990, it is an offence to furnish particulars or information or make a statement which is false or misleading.
- 2. This claim must be accompanied by the procuration and corroborative documents.