

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

Form 18

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek
Namibia

IN ALL CORRESPONDENCE QUOTE

**AFFIDAVIT ACCOMPANYING CLAIM FOR DEATH BENEFIT WHERE THE
CLAIMANT WAS NOT THE SPOUSE OF THE DECEASED EMPLOYEE
(Section 31/ Regulation 11)
TO BE COMPLETED IN BLOCK LETTERS**

I,.....(first names and surname of claimant)
hereby make the following statement:

That I am(state relationship to deceased employee or capacity
and surname of the deceased)and that to the best of my knowledge and belief the deceased had no
other relatives or heirs entitled to receive the death benefit.

.....
APPLICANT

I certify that this declaration has been signed and sworn to/affirmed before me at
..... thisday of 200.....
by the deponent who acknowledge that-

- (a) he/she understands the contents of the declaration:
- (b) he/she has no objection to taking the prescribed oath/affirmation; and
- (c) he/she considers the prescribed oath to be binding to his/ her conscience,
and that he/she uttered the following words:

“ I swear that the content of this declaration is true, so help me God.”/ “I affirm that the content of
this declaration is true”.

.....
COMMISSIONER OF OATH

Full name:.....
Business address:.....
Designation:.....
Area for which appointment is held:.....
Office held if appointment is *ex officio*: