

**1 PARTICULARS OF THIRD PARTY**

Surname

First names

Date of Birth

ID number

Other Identification

Specify

Residential address

  
  

Postal address

  
  

Cell

E-mail

**2 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY**

1. Surname

First names

Date of Birth

ID number

Other Identification

Specify

2. Surname

First names

Date of Birth

ID number

Other Identification

Specify



## 5 ELECTION AND DECLARATION

I, the third party with the details reflected in paragraph 1 above hereby declare under oath / affirm that I irrevocably elect in terms of subsection 2(1) of the Road Accident Fund (Transitional Provisions) Act, 2012 that my claim and the claims(s) of the person(s) identified in paragraph 2 above and in any annexure to this form, arising from the accident identified in paragraph 3 above, remain subject to the old Act.

Signature of deponent

Date of signature

### CERTIFICATION:

I hereby certify that before administrating the oath / taking the affirmation I asked the deponent the following questions and noted his / her answers in his / her presence as indicated below:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you know and understand the contents of the above declaration?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you have any objection to taking the prescribed oath?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you consider the prescribed oath to be binding on your conscience? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I hereby certify that the desponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence.

Signature of Justice of the Peace /  
Commissioner of Oaths

Surname

First Names

Designation

Area for which appointed

Business address

  
  


Place of signature

Date of signature