



**AFFIDAVIT IN SUPPORT OF A CLAIM IN TERMS OF SECTION 54
OF THE LEGAL PRACTITIONERS ACT OF NAMIBIA**

I,

(Full name(s) and surname)

hereby declare under oath as follows:

My personal details are:

Identity Number: _____

(Please attach a recently certified copy of your Identity Document.)

Residential Address: _____

Postal Address: _____

Home telephone number: _____

Cellular number: _____

Work Address: _____

Work telephone number: _____

Email address: _____

Occupation: _____

This affidavit is intended:

1. To serve as a statement for the submission of a claim against the Legal Practitioners Fidelity Fund in terms of the Legal Practitioners Act of Namibia.

2. For the purpose of registering a case to enable investigation, if necessary, by the appropriate authorities regarding the alleged misappropriation of funds by the attorney or legal practitioner concerned.

Name of attorney or legal practitioner and/or firm:

Acknowledgement of Affidavit Use:

I am aware that this affidavit may be made available to the accused's legal representative(s), at their request during the course of a criminal prosecution, and that the accused's legal representative(s) may desire to consult with me prior to the court proceedings. I have the right to agree or refuse such a request.

Details of the Incident:

The full particulars of the facts giving rise to the claim and any relevant documentation to support this claim, including ledger accounts, receipts, or correspondence, should be attached.

(Please use additional pages if necessary.)

Claim Calculation:

- 1. Total entrusted amount: N\$ _____
- 2. Less Attorney's/Legal Practitioner's fees: N\$ _____
- 3. Less Amount paid to me: N\$ _____
- 4. Less lawful expenses: N\$ _____
- 5. Balance due to me: N\$ _____

Supporting Documentation:

I attach hereto the following documentation in support of my claim:

- 1. _____
- 2. _____
- 3. _____

Recovery Efforts and Re-cost Summary:

I have undertaken the following actions to recover the funds in question:

- 1. _____
- 2. _____
- 3. _____

Misappropriation Declaration:

I declare that the balance shown above was misappropriated by the legal practitioner in question while held in trust for my benefit.

Loss Declaration:

I declare that I have suffered financial loss as a result of the misappropriation of my funds.

Cooperation Declaration:

I declare my willingness to:

- Cooperate with the Namibian Police during their investigation.
- Cooperate with the relevant public prosecutors.
- Provide evidence in any related criminal proceedings.

THUS, DONE and SIGNED by me AT _____ on THIS
_____ DAY of _____ 20_____.

DEPONENT

SIGNED and **SWORN TO** before me at _____ this _____ day of _____ 20_____, the Deponent having acknowledged that he knows and understands the contents of this Affidavit, that he has no objection to taking the prescribed oath, and that he regards same as binding upon his conscience. I certify furthermore that the Deponent in my presence uttered the following words:

“The content of this Affidavit is true and correct, so help me God.”

By the taking of the oath it was adhered to the Regulations contained in the Government Notice No R1258, R1648 and R1428 dated 21 July 1972, 19 August 1977 and 11 July 1980 respectively.

COMMISSIONER OF OATHS

Full Names:

Capacity:

Address: