

AFFIDAVIT
BENEFICIARY'S BANK ACCOUNT PAYMENT AUTHORITY

I....., ID No..... of
.....(area of residence), in theRegion, Chief
..... Indvuna do solemnly declare
under oath that the following:

1.....
2.....
3.....
4.....
5.....

who are children of the Late:, are under my custody. I agree
that all payments due to them should be deposited into their bank accounts. I am the one responsible for
their daily upkeep and managing their bank accounts to ensure that there is no misuse of funds.

The deponent acknowledges that she/he fully understands and knows the contents of this Sworn Affidavit.

Signature:
(DEPONENT)

Relationship to Child:.....

COMMISSIONER OF OATHS:

FULL NAME:

DESIGNATION:

SIGNATURE:

DATE:

COMMISSIONER STAMP