



## ANNEXURE M – DECLARATION OF GOOD STANDING OF INDIVIDUAL BIDDER

I, \_\_\_\_\_  
(full name and Surname)

Date of Birth: \_\_\_\_\_ Identity number: \_\_\_\_\_

hereby swear / solemnly declare that I –

1. am not insolvent and has never been declared insolvent Answer: \_\_\_\_\_
2. will not collude with any party affected by a liquidation or sequestration order to grant any benefit not provided by law Answer: \_\_\_\_\_
3. will not act as an insolvency practitioner for purposes of liquidating an insolvent estate involving a taxpayer or other person liable for a tax debt, for whom I have acted as bookkeeper, accountant, auditor or attorney during a twelve month period preceding the application Answer: \_\_\_\_\_
4. have not been removed from an office of trust by the Court on account of misconduct Answer: \_\_\_\_\_
5. am not subject to any order under the Tax Administration Act, 2011 (Act No. 28 of 2011) or any related legislation Answer: \_\_\_\_\_
6. will not offer or agree to abstain from investigating any affairs connected to the insolvent estate or any connected party Answer: \_\_\_\_\_
7. will act with circumspection, due skill, care and diligence; and treat all parties honestly and fairly, especially in a situation of conflicting interests Answer: \_\_\_\_\_
8. will comply with all applicable statutory or common law requirements Answer: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Must be signed in the presence of a Justice of the Peace, Magistrate or Commissioner of Oaths)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

1. I certify that prior to my administering the prescribed oath / affirmation, I put the following questions to the deponent and wrote down his / her answers thereto in his / her presence:
  - 1.1. Do you know and understand the contents of the above statement? Answer: \_\_\_\_\_
  - 1.2. Do you have any objection to taking the prescribed oath / affirmation? Answer: \_\_\_\_\_
  - 1.3. Do you regard the prescribed oath / affirmation as binding on your conscience? Answer: \_\_\_\_\_
2. I certify that the deponent acknowledges that he / she knows and understands the contents of this statement, which was sworn to / affirmed and signed by the deponent in my presence.

Signed: \_\_\_\_\_  
Justice of the Peace / Magistrate / Commissioner of Oaths

Full first names and surname: \_\_\_\_\_

Designation / Rank: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_