

STATEMENT OF ADMISSION OF LIABILITY

I, the undersigned,

Full Name

Identity Number

State that:

I am an adult (Male / Female) residing at

To my knowledge, the facts in this statement are true

I was employed by (my employer)

a participating employer of the Transport Sector Retirement Fund which I was a member of during my period of employment.

(Please describe the unlawful conduct in detail, with dates and amounts, where appropriate and elaborate on all elements of the fraud, theft, dishonesty or misconduct.)

My abovementioned unlawful and wrongful conducts caused my employer to suffer and sustain damages to the sum of R

On termination of my employment I ceased to be a member of the Fund. I acknowledge that the Transport Sector Retirement Fund is entitled to deduct the compensation that is due to my employer from the benefit that has accrued to me in terms of the rules of the Fund.

DD/MM/YYYY

Signed at: this day of

Signature

Witness Signature

Witness Signature