



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

[illegible]

Do hereby state under oath that I am applying for a Care Dependency Grant for the following child:

Name & Surname											Date of Birth	C	C	Y	Y	M	M	D	D
Name of Clinic / Hospital where child was born:											ID number of Child								

I am the parent* / foster parent* / primary care giver* of the child mentioned above and he / she resides with me. (* delete that which is not applicable) I confirm that the child is not in an institution funded by the state.

Marital Status (mark appropriate box with X)								
Married					Unmarried			
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months

To be completed if Married / Divorced / Widow(er)

[illegible]

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

ID Document	Decree of Divorce	Death Certificate
Reason	Reason	Reason
Reason	Reason	Reason

Sources of Income	(mark X in applicable box)			
Type of income / Profits	Self	Spouse	Dependant Child	N/A
Salary or wage				
Profits, Withdrawals or other Benefits from a Business / Farm (owned)				
Payments from a Trust or Inheritance				
Payment from Property Rights				
Pension or Annuity				
Ex-Gratia Payments Received				
Maintenance Received				
Rental Income				
Profits, Withdrawals, or other Benefits from a Business / Farm (rented)				
Income from Assets (interest / dividends)				
Income from any RSA or International Organisation				

If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive

Declaration

Declaration: I declare that all information furnished in this affidavit is to the best of my knowledge true and correct. I have no objection to taking the prescribed oath and I consider the prescribed oath to be binding on my conscience.

	I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.													<i>Commissioner / SAPS Stamp</i>	
												Name of Commissioner			
Deponent's Signature / Thumb Print											Signature: Commissioner of Oaths	Rank / Force No.			
Date	C	C	Y	Y	M	M	D	D	Place						