



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

[illegible]

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

| Name & Surname | Date of Birth | C | C | Y | Y | M | M | D | D |
|----------------|---------------|---|---|---|---|---|---|---|---|
|----------------|---------------|---|---|---|---|---|---|---|---|

Note: Attach list with additional children's names if application is for more than one child.

[illegible]

I am the primary care giver* / biological parent* of the child mentioned above and he / she resides with me. I am not being paid to care for the child mentioned above, and confirm that the child does not reside in a State Funded Institution. (* delete that which is not applicable)

| 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)

| | | | | | | | | | | |
|---|----|--|--|--|--|--|--|--|--|--|
| My (ex) spouse / partner's full names & surname | | | | | | | | | | |
| | ID | | | | | | | | | |

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

[illegible]

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.

| | | | | | | | | | | | |
|---|--|---|--------------|---|--------------|---------------------------------|--------------|---|--------------|------------------|-------------|
| <div>Deponent's Signature / Thumb Print</div> | | <div>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.</div> | | <div>Signature: Commissioner of Oaths</div> | | <div></div> | | <div>Commissioner / SAPS</div> <div>Stamp</div> | | | |
| | | | | | | <div>Name of Commissioner</div> | | | | | |
| | | | | | | <div>Rank / Force No.</div> | | | | | |
| <div>Date</div> | | <div>C</div> | <div>C</div> | <div>Y</div> | <div>Y</div> | <div>M</div> | <div>M</div> | <div>D</div> | <div>D</div> | <div>Place</div> | <div></div> |