## **AFFIDAVIT FOR A GRANT IN AID**



I, the undersigned																					SECURITY	AGENCI	
Surname																							
Full names																							
Identity Number																			Αç	ge [			
Residing at (physical address)																Pos	stal C	ode					
Do hereby state under or applying for a Grant in Aid another person.	d. Ic	onfirm	cur tha	rently at I ar	rece n not	eiving in a	g a gi State	rant f	or old nded	der pe or Su	erson bsidi:	s* / v sed i	var v nstitu	etera ution	ans g	rant* d I re	/ disa quire	ability regul	/ gra ar at	nt* a tend	ind I a ance	am by	
(*delete that which is not	applica	able)																					
						Ма	rital	Statu	s (m	nark a	oprop	riate I	box w	ith <b>X</b> )									
In community Out of community		Married  Civil Union  Customar Union			/ Asiatic Religion			Never	ried Divorced Wido				w / Widower Deserte			erted nonths							
My financial position has grant*.  (If the marital and/or finance)  Declaration  I declare that all information prescribed oath, and I concentrated that which is not income.	cial po on furr isider	osition nished the pr	<i>has</i> I in t	s <i>chai</i> his af	<i>nged,</i> fidavi	the a	applion	cant i	must of m	<i>be ad</i> y kno	<i>lvised</i>	d of to	he ne	eed t	o rev	iew h	is/hei	r grar	nt.)				
Deponent's Signature / Thumb Print	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.							Signature: Commissioner of Oat					Name of Commissioner  Rank / Force No.						Commissioner / SAPS Stamp				