



GUARDIANS FUND AFFIDAVIT FORM

(To be submitted with first application and / or when an increase of allowance is requested)

A.

I _____ (full names of Applicant)
 declare under oath the following:

B. PARTICULARS OF APPLICANT:

Full names & Surname:													
ID number:													
Residential address:													
Postal address:													
Tel number (Work):													
Tel number (Home):													
Cell number:													
Occupation of Applicant:													
Relationship to Minor:													

C. PARTICULARS OF MINOR(S):

Full names and Surname:													
ID number:													
Birth date:													
Age of minor							Gender of minor:						

D. THE MINOR(S) HAS / HAVE THE FOLLOWING ASSETS:

E.

THE MINOR(S) RECEIVES / RECEIVE THE FOLLOWING **INCOME** R_____ PER MONTH
FROM _____

F. THE MINOR(S) HAS / HAVE THE FOLLOWING MONTHLY EXPENDITURE, DULY SPECIFIED:

G. ALLOWANCES OR ANY INCOME THAT ARE BEING PAID TO THE APPLICANT BY OTHER INSTANCES ARE AS FOLLOW:

Source / from whom received:	
Amount:	
Period received:	

H. ANY INFORMATION WHICH I CONSIDER ESSENTIAL IS / ARE AS FOLLOW:

I. THIS SECTION NEEDS ONLY TO BE COMPLETED BY APPLICANT IF APPLICANT IS THE BIOLOGICAL OR ADOPTED PARENTS OF THE MINOR:

Description and value of all assets or possessions of Applicant:

A complete list of liabilities on the said assets:

Monthly income of the Applicant e.g. Salary, pension etc.:

Monthly expenditure of the Applicant duly specified:

_____ DATE

_____ SIGNATURE OF APPLICANT

_____ PRINT NAME AND SURNAME

I certify that the deponent has acknowledge that he / she knows and understands the contents of this affidavit / declaration

At _____ on _____ 20_____

Stamp

COMMISSIONER OF OATHS
OFFICE HELD: _____
FULL NAMES: _____
ADDRESS: _____
