



REPUBLIC OF SOUTH AFRICA

APPLICATION FOR ALLOWANCE OR INTEREST

A. PARTICULARS OF APPLICANT:			
Full names & Surname:			
ID number:			
Birth date:			
Residential address:			
Postal address:			
Tel number (Work):		Tel number (Home):	
Fax Number:		Cell number:	
E-mail address:			

I, _____ hereby apply for an allowance or interest as per annexure to be paid to me or the maintenance of the under mentioned person(s) who is/are not yet in school/still attending school/student/unemployed and has/have no/insufficient income.

I declare that the under mentioned minor(s) is/are under my care and responsibility and that I am not financially able to maintain and educate the minor without the financial assistance now requested.

Date: _____ Signature of Applicant: _____

Relationship to minor: _____

Signature of minor: _____
(if 14 years or older)

B. FULL PARTICULARS OF MINOR(S):																																											
<ul style="list-style-type: none"> • Certified copy of birth certificate or certified copy of bar-coded Identity Book with two thumbprints to be submitted. • Order of Adoption Order or Foster care to be submitted, if applicable. • Change of names to be supported by an explanatory letter / certificate of alteration from Home Affairs. 																																											
1.	<table border="1"> <tr> <td>Full names & Surname:</td> <td colspan="13"></td> </tr> <tr> <td>ID number:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Birth date:</td> <td colspan="13"></td> </tr> </table>	Full names & Surname:														ID number:														Birth date:													
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	Birth date:	
3.	Full names & Surname	
	ID number:	
	Birth date:	
4.	Full names & Surname	
	ID number:	
	Birth date:	

C. PARTICULARS FROM ESTATE INHERITED:	
Full Names & Surname of Deceased:	
Date of Death:	
Place of Death:	
Relationship of Beneficiary to Deceased:	
Estate Reference Number (if available):	
GF File Number (if available):	

D. CERTIFICATE OF MAINTENANCE
<p>I, _____ the undersigned, certify that the aforementioned minor(s) has/have been properly maintained by the applicant during the period from _____ to _____ and recommend that the allowance/maintenance applied for be granted to the applicant.</p> <p>NAME: _____ SIGNATURE: _____</p> <p>CAPACITY: _____ *Responsible person</p> <p>DATE: _____</p> <p>PLACE: _____</p> <div style="text-align: right; border: 1px solid black; width: 150px; height: 100px; margin-left: auto; margin-right: auto;"> <p style="text-align: center;">Stamp of Institution</p> </div>

*i.e. Magistrate/Minister of Religion/School Principal/Social Worker.

FOR OFFICE USE ONLY	APPLICATION APPROVED/NOT APPROVED	COMMENTS		
	PRINT NAME AND SURNAME	DATE	SIGNATURE	