



REPUBLIC OF SOUTH AFRICA

APPLICATION FOR ALLOWANCE OR INTEREST

ALLOWANCE	<input type="checkbox"/>	INCAPABLE PERSONS	<input type="checkbox"/>	USUFRUCT INTEREST	<input type="checkbox"/>	FC INTEREST	<input type="checkbox"/>	OTHER: SPECIFY	<input type="checkbox"/>
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(Please mark appropriate box above with X)

A. PARTICULARS OF APPLICANT									
Full Names & Surname:									
ID Number:									
Residential Address:					Postal Address:				
Tel Number (Work):					Tel Number Home):				
Fax Number:					Cell Number:				
E-Mail Address:									

I,
hereby apply for the following : (Please mark appropriate box below with X)

ALLOWANCE	SCHOOL FEES	HOSTEL FEES	TRAVEL FEES	CLOTHING	STATIONERY	SCHOOL UNIFORM	OTHER: SPECIFY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting documentation must be attached to this application (e.g. quotes, accounts etc.)

I confirm 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.

NB: IN TERMS OF SECTION 90 OF THE ADMINISTRATION OF ESTATES ACT 1965, (ACT 66/1965) THE MASTER HAS THE RIGHT/DISCRETION TO DETERMINE THE AMOUNT PAID. YOUR APPLICATION MAY THEREFORE BE APPROVED/DECLINED/REDUCED.

B. FULL PARTICULARS OF MINOR(S):									
1.	Full names & Surname:								
	ID number:								
2.	Full names & Surname								
	ID number:								
3.	Full names & Surname								
	ID number:								
4.	Full names & Surname								
	ID number:								

C. PARTICULARS OF ESTATE									
Name of Estate:									
Estate Reference Number: (if applicable)					GF File Number: (if available)				

**** NB: ALL DETAILS REQUESTED ON THIS FORM MUST BE COMPLETED IN FULL. YOUR OMISSION WILL RESULT IN YOUR INCOMPLETE FORM BEING RETURNED TO YOU.**

*****THIS APPLICATION MUST BE PRINTED ON ONE PAGE ONLY (FRONT AND BACK). TWO PAGE APPLICATIONS WILL NOT BE ACCEPTED.**

D. BANK DETAILS OF THE APPLICANT

The Director General : Department of Justice and Constitutional Development

I hereby request and authorise you to pay any amounts in respect of Guardians Fund which may accrue to me to the credit of my / our account with the authorised financial services provider mentioned below.

I understand that the credit transfers hereby authorised will be processed electronically to the account specified below. I also understand that any banking costs for transactions (withdrawals/bank statements/etc.) made on the account will be borne by me. The Department of Justice & Constitutional Development will not be liable for any banking costs on the account. I also hereby indemnify the Department of Justice & Constitutional Development for any incorrect detail and information that may have been specified on this form.

Name and Physical Address of Bank:	Name of Branch:	
	SWIFT/ Sort:	
	IBAN:	
Name of Account Holder:		
Branch Code:	Account Number:	
Type of Account:	Current Account	Savings Account

Name of Bank Official:

Signature of Bank Official:.....

Date stamp

E. CERTIFICATE OF MAINTENANCE

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.

NAME: SIGNATURE:

CAPACITY: **Responsible person (i.e. Maintenance Officer/school teacher/Minister of Religion/Social Worker/Tribal Authorities or other responsible person)**

DATE:

PLACE:

Stamp of Institution

Ithe undersigned hereby confirm that all the above mentioned information stated above is true and correct.

Signed at.....on this.....day of.....20.....

Signature of Applicant: Relationship to Minor:

Signature of minor: (10 years or older)

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