

Application No.:

Social Assistance Act, 2004 (Act Number 13 of 2004)

The requirements contained below have been discussed with the applicant and he/she understand the contents thereof.



SECTION A: APPLICANT

Surname																Application Date	C	C	Y	Y	M	M	D	D								
Name(s)																																
ID No.																Alternative ID	7	7	7	7												
ID Type																																

SECTION B: PROCURATOR

[illegible]

If your social assistance is approved;

- You are required to inform SASSA of any change in your and / or your spouse's / the applicant's circumstances – financial and / or personal.
- You are required to report any change in your address (residential and / or postal). Failure to keep SASSA informed of changes may result in you not receiving written communication from SASSA, which may result in your grant being suspended.

	<table border="1"> <tr> <td>C</td> <td>C</td> <td>Y</td> <td>Y</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> </tr> </table>	C	C	Y	Y	M	M	D	D
C	C	Y	Y	M	M	D	D		
Signature: Applicant / Procurator	Date								

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	C C Y Y M M D D	
Signature: Officer	Date	Name & Surname

NB: You will be informed 30 days in advance should you need to review or Complete a life certificate.

Helpdesk Enquiry Number: 0800 60 10 11

In accordance with Section 18(1) of the Act, if you are aggrieved by the Agency's decision you can appeal in writing to the Independent Tribunal within 90 days.

SASSA Official Stamp

STAMP OUT SOCIAL ASSISTANCE FRAUD AND CORRUPTION

CALL: 0800 601 011 OR 0800 701 701

Application No.:

SOCIAL ASSISTANCE APPLICATION FORM



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

Instructions on filling this form:

1. Mark with an **X** in the appropriate **box** where relevant.
2. Complete in **CAPITAL letters** and Write **inside the boxes** where applicable.
3. **Y** means **Yes**; and **N** means **No**.
4. **Date of application means the date in which all the necessary documents have been lodged**

Type of Transaction	New Application		Re-Application		Type of Social Assistance	OA	WV	DG	FCG	CDG	CSG	GIA
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FOR OFFICE USE ONLY

Application Attester		Application Verifier	
Form Attested by :		Form verified by:	
Name			
Surname			
Signature			
Date			
Payment Information		Outcome Delivery Method	
Monthly amount	R	Notification of Outcome issued to Applicant?	
Arrear amount	R	Y N	
First payment of	R		
Payable in		Date: C C Y Y M M D D	

SECTION A: PERSONAL DETAILS

Identification Type	ID	Temporary ID	Alternative ID	Refugee ID	Gender	Male	Female
Refugee Expiry Date	C C Y Y M M D D	Temporary ID Expiry Date	C C Y Y M M D D				
Identity Number		Title	Mr.	Ms.	Miss		
Alternative ID Number	7 7 7 7	Affidavit Attached?	Y	N			
Email Address							
Receipt from Home Affairs available?	Y	N	Date on Receipt	C C Y Y M M D D			
Surname							
Full Names							
Initials				Date of Birth	C C Y Y M M D D		
Applicant's Cell Number		Alt no					
Highest educational qualification (please mark relevant box)	Primary School	Grade10	Grade 12	Tertiary			
Home Language				Residence Code			
Date of Application	C C Y Y M M D D	Is Application lodged by a person in a state institution?					
Residential Address	Yes						No
Proof of discharge to be provided before payment can be effected.							
Citizenship							
SA Citizen		Permanent Resident		Refugee			
Recipient							
Personal (Self)		Procurator		Institution			
Postal Address							
Postal Code							

Spousal Relationship Status	Married		Never Married		Divorced		Widow / Widower		Desertion more than 3 months	
If Married, Indicate type of marriage		Civil Union			Customary / Traditional Union				Asiatic Religion	
ID Number of Spouse or Date of Birth										

SECTION B: METHOD OF PAYMENT

Bank Account Details												
Bank Name					Name of Account Holder							
Account Type	Cheque		Savings		Transmission			Branch Code				
Account Number												

SECTION C: FINANCIAL DETAILS

		Applicant	Spouse	N/A							
ASSETS	(For social assistance for Older Persons, War Veterans & Disabled only)										
Property (Occupied)	Municipal Value										
Property (Not Occupied)	Municipal Value										
	Outstanding Bond										
	Cash/Investments/Bonds or Loans										
	Outstanding debts in favour of applicant &/or spouse										
	Shares, share capital or interest in assets										
	Endowment policies after maturity date										
	Cash in hand										
	Property rights										
	Lump sum invested with aim of procuring Annuity										
	Assets donated or relinquished										
Date of donation:	C	C	Y	Y	M	M	D	D			
INCOME	(Taken into account for all Social Assistance Types except Foster Child)										
	Compensation in cash or kind										
	Profits, withdrawals or benefits from farm or business										
	Income from Trust/ Inheritance										
	Income from property rights										
	Pension or Annuity										
	Income donated or relinquished										
	Rental Income										
	Maintenance received										
	Interest, Dividends										
	Other (Specify):										
	Income from SA or International Organisation										
	Income donated or relinquished:										
Date of donation	C	C	Y	Y	M	M	D	D			
PERMISSIBLE DEDUCTIONS	Medical Aid										
	Pension/ provident fund or retirement annuity contribution										
	Tax										
	UIF										

1. Disability Grant								2. War Veterans Grant								3. Grant in Aid														
Disability Assessment Results:								Force Number (complete below)								Date of Application														
Recommended By Medical Officer?		Y		N												C	C	Y	Y	M	M	D	D							
Permanent?		Y		N				Name of War		2 nd World War			Korean war			Approved														
Temporary?		Y		N				Disability Assessment Remarks:								Not Approved														
Select Temporary Period in months (X relevant box)																Maintained in an institution funded by the State?														
6	7	8	9	10	11											12														
Is Review recommended by Medical Officer?				Y												N														
Indicate Review Period in Years												Yes			No															
4. Child Support Grant (1)												Child Support Grant (2)																		
Is the Child a SA Citizen		Y		N								Y		N																
Is this a CSG Top-Up?		Y		N								Y		N																
Is this a child-headed house hold?		Y		N								Y		N																
Child's ID No.																														
Alternative ID No.		7	7	7	7										7	7	7	7												
Home Affairs receipt attached		Y		N		Receipt Date		C	C	Y	Y	M	M	D	D		Y		N		Receipt Date		C	C	Y	Y	M	M	D	D
Surname																														
Name(s)																														
Date of Birth		C	C	Y	Y	M	M	D	D	Gender		M	F	C	C	Y	Y	M	M	D	D	Gender		M	F					
Applicant's relationship to child		Parent				Self				Primary Care Giver				Parent				Self				Primary Care Giver								
Applicant relationship for CSG Top-Up		Relative				Supervising Adult				Primary Care Giver				Relative				Supervising Adult				Primary/ Care Giver								
Previous Beneficiary ID No.																														
Are you formally or informally employed to care for the child?								Y		N		Y		N																
Is the child resident with you?								Y		N		Y		N																
Does child attended school?								Y		N		Y		N																
Name of School																														
5. Foster Child Grant (1)												Foster Child Grant (2)																		
Is the Child a SA Citizen		Y		N								Y		N																
Child's ID No.																														
Alternative ID No.		7	7	7	7										7	7	7	7												
Home Affairs receipt attached		Y		N		Receipt Date		C	C	Y	Y	M	M	D	D		Y		N		Receipt Date		C	C	Y	Y	M	M	D	D
Surname																														
Name(s)																														
Date of Birth		C	C	Y	Y	M	M	D	D	Gender		M	F	C	C	Y	Y	M	M	D	D	Gender		M	F					
Live with applicant?		Y		N		School going?		Y		N		Y		N		School Going?		Y		N										
Grant Continuance approval		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Court order No.																														
Court order date		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Application date of Child		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Court order extension date		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Court order expiry date		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Date of transfer		C	C	Y	Y	M	M	D	D			C	C	Y	Y	M	M	D	D											
Is Foster Parent related to child?		Y</																												

6. Care Dependency Grant (1)															Care Dependency Grant (2)																												
Is the Child a SA Citizen					Y		N								Y		N																										
Child's ID No.																																											
Alternative ID No.					7	7	7	7									7	7	7	7																							
Home Affairs receipt attached					Y		N		Receipt Date					C	C	Y	Y	M	M	D	D						Y		N		Receipt Date					C	C	Y	Y	M	M	D	D
Surname																																											
Name(s)																																											
Date of Birth					C	C	Y	Y	M	M	D	D	Gender					M	F	C	C	Y	Y	M	M	D	D	Gender					M	F									
Live with applicant?					Y		N		School going?					Y		N		Y		N		School Going?					Y		N														
Assessment date					C	C	Y	Y	M	M	D	D						C	C	Y	Y	M	M	D	D																		
Application date of Child					C	C	Y	Y	M	M	D	D						C	C	Y	Y	M	M	D	D																		
Child's Status Refused					Recommended by Medical Officer					Y		N		Recommended by Medical Officer					Y		N																						
Does the disability of the child require permanent care or support service					Y		N		Does the disability of the child require permanent care or support service					Y		N		Does the disability of the child require permanent care or support service					Y		N																		
Relationship of Applicant to Child					Parent						Foster Parent						Primary Care Giver																										
Spouse relationship to Child					Parent						Foster Parent						Primary Care Giver																										
Previous Beneficiary ID Number																																											

SECTION E: PROCURATOR INFORMATION

Procurator ID Number																												Title		Mr.	Ms.	Miss																											
Surname																																																											
Name																																	Initials																										
Postal Address																																																											
																						Postal Code																																					
Residential Address																																																											
																						Postal Code																																					
Cell Number																														Alt. Number																													
Date of Appointment					C	C	Y	Y	M	M	D	D	Date of Birth					C	C	Y	Y	M	M	D	D																																		
Reason		Inability for Personal Receipt						Misspending of Grant						Type of Application					Procurator																																								
Declaration															Note: Procurators are restricted to collecting for a maximum of five (5) beneficiaries																																												
I declare that: - I am permanently resident in RSA. - I am not un-rehabilitated insolvent. - I am willing to be appointed as the Procurator. - I am not owed money by Applicant. - I will hand over the social assistance to the Applicant. - I will inform SASSA of any changes in the Applicant's circumstances. - I will inform SASSA if the Applicant leaves the country. - The address provided is a valid and complete address at which post can be delivered. - I undertake to inform SASSA if there is any change in my or the Applicant's address.																																																											
I know and understand the contents of this declaration, and confirm that the contents are true and correct.																																																											
Signature of Procurator Date C C Y Y M M D D															Signature of Officer Date C C Y Y M M D D																																												
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DECLARATION AND CONSENT BY APPLICANT (AFFIDAVIT)

Please read this declaration carefully and provide the mandatory consent to enable the processing of your application.

I hereby apply for the social assistance in terms of the Social Assistance Regulations made under the Social Assistance Act, 2004 (Act No. 13 of 2004).

If I apply on behalf of another person ('Applicant'), I confirm that I have the necessary authority to provide the Personal Information of the Applicant and agree to this declaration and consent, on behalf of the Applicant and that I will inform the Applicant of the outcome of the Application.

1. I declare that:

1.1 I am / the Applicant is:

- 1.1.1 a South African Citizen, Permanent Resident or Refugee registered on the Home Affairs database;
- 1.1.2 currently residing within the borders of the Republic of South Africa;
- 1.1.3 of the qualifying age to apply for this social assistance as per the Social Assistance Regulations made under the Social Assistance Act, 2004 (Act No. 13 of 2004);
- 1.1.4 particulars furnished on this application including financial details and annexures are to the best of my knowledge and belief true and correct;
- 1.1.5 in case of child support grant application, I am the primary care giver of the child concerned;
- 1.1.6 not a resident in a government funded or subsidised institution.

1.2 All information, including Personal Information, supplied to SASSA is valid, accurate, complete and current.

1.3 I undertake to immediately notify SASSA of any change in my / the Applicant's financial circumstances, contact details or change in circumstances in relation to clause 1.1 which would disqualify me / the Applicant from receiving a social assistance.

1.4 I also agree to correct and update my / the Applicant's Personal Information when necessary;

1.5 I understand and agree that any false and/ or misleading information in the application is punishable by law and / or that such information or any incorrect information or request to delete my / the Applicant's personal information, will justify a denial of or revocation of my / the Applicant's, application for a social assistance by SASSA.

2. I understand that Personal Information has the meaning ascribed to it in terms of the Protection of Personal Information Act, Act No. 4 of 2013 ('POPI Act') and means information relating to me / the Applicant as an identifiable, living, natural person and includes all information supplied to SASSA in relation to my / the Applicant's application. I understand that when processing my / the Applicants Personal Information, SASSA will comply with the POPI Act and all other applicable legislation.

3. I acknowledge that any Personal Information supplied to SASSA is provided voluntarily and that SASSA will not be able to comply with its obligations if in correct Personal Information is supplied.

4. I consent to –

4.1 SASSA processing, sharing, transferring and verifying my / the Applicant's Personal Information as provided in my / the Applicant's application, including but not limited to, information pertaining to my / the Applicant's financial status, income, bank account details with banking institutions, all government and other relevant institutions ('Institutions'), including fraud detection service providers deemed necessary by SASSA, to assess and consider my / the Applicant's application for a social assistance ('Purpose') and

4.2 Institutions processing, sharing, transferring and verifying my / the Applicant's Personal Information, between Institutions and between Institutions and SASSA, only for the Purpose; and

5. I understand that the period for which my / the Applicant's Personal Information would be held by SASSA and Institutions, is for as long as is needed to achieve the Purpose or for as long as the law requires, whichever is the longest.

6. I understand that I have a right to request access to, correction and / or deletion of my Personal Information and the Applicant has a right to access, correct and / or delete their personal information and that I and the Applicant may complain to the Information Regulator and withdraw consent. I further understand that withdrawal of this consent in respect of my or the Applicant's application will result in the cancellation of my / the Applicant's application for the social assistance. Guidelines for these rights are available on the SASSA website, <https://www.sassa.gov.za/>.

7. I understand that privacy is important to SASSA and Institutions and that it and Institutions will use reasonable efforts in order to ensure that any Personal Information in its possession is kept confidential, stored in a secure manner and processed in terms of the POPI Act.

8. By submitting my / the Applicant's Personal Information in any form to SASSA, I acknowledge that such conduct constitutes a reasonable unconditional, specific and voluntary written consent to the processing, sharing, transferring and verification of such Personal Information by SASSA and Institutions for the Purposes including but not limited to:

8.1 The South African Revenue Services (SARS) disclosing my taxpayer information in terms of section 69(6)(b) of the Tax Administration Act, 2011 (Act No. 28 of 2011) for the Purpose; and

8.2 Verification of my information against the information held in the various databases such as at the Department of Home Affairs, the Department of Labour in particular with the Unemployed Insurance Fund and the Workman's Compensation Fund for the Purpose.

8.3 Commercial banks registered in South Africa to confirm my financial status

May SASSA provide your details to a third party in the event of there being an opportunity for employment or engagement in a developmental programme? Yes ☐ No ☐

Signature or Thumbprint of Applicant Date C C Y Y M M D D	SASSA Official Stamp	LEFT THUMB PRINT	RIGHT THUMB PRINT
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The above declaration and consent was explained to the Applicant / Procurator and he / she is satisfied with the contents thereof. The Applicant / Procurator was asked the following questions:

- a) Are you conversant with the contents of the above declaration and do you understand It?
- b) Do you have any objection to taking the oath / declaration?
- c) Do you regard the oath / declaration as binding on your conscience?

Thus signed and sworn / confirmed to on this _____ day of _____ 20_____, the deponent having acknowledge that he / she knows and understands the contents of this affidavit, has no objection to taking the oath / affirm the affidavit, having sworn / confirmed that the contents thereof are true and correct and that he / she considers the oath / declaration to be binding on his / her conscience.

Signature: Attesting Officer	Name & Surname	Signature: Verifying Officer	Name & Surname