

BENEFICIARY LIST

Name of Contractor
Project Name
Project Number
Month:

Number of workers	Name	Initials	Surname	ID Number	Date of Birth	Gender	Disability (Y?N)	Highest Level of Education	Start Date	End Date	First Language ID	Address	Contact Number	Government Grant (Y/N)	Other Language ID 1	Other Language ID 2	Number of people in Household	Number of Dependants in Household	Number of Children attending school
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Signature of CLO