ANNEXURE I-6

AFFIDAVIT FOR A FOSTER CHILD GRANT

sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	
Full names	
Identity Number	Age
Residing at *(physical address)*	
	Postal Code

Do hereby state under oath that I am applying for a Foster Care Grant for the following child(ren):

1	Name & Surname		ID No.	
2	Name & Surname		ID No.	
3	Name & Surname		ID No.	
4	Name & Surname		ID No.	
5	Name & Surname		ID No.	
6	Name & Surname		ID No.	

The child(ren) mentioned above has been placed into my Foster Care in terms of the Children's Act 2005.

I confirm that the child(ren) resides with me, and does not reside in a State Funded Institution.

Marital Status (mark appropriate box with **X**)								
Married					Unmarried			
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full names & surname	
	ID

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

Document	Reason
ID Document	
Decree of Divorce	
Death Certificate	

Declaration
I declare that all information furnished in this affidavit is to the best of my knowledge true and correct. I have no objection to taking the prescribed oath and I consider the prescribed oath to be binding on my conscience.

	I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.		**Name of Commissioner**
Deponent's Signature / Thumb Print		**Signature: Commissioner of Oaths**	**Rank / Force No.**

Date	C	C	Y	Y	M	M	D	D	Place	

Commissioner / SAPS

Stamp