**ANNEXURE I-1**

# AFFIDAVIT FOR AN OLDER PERSON'S 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 an Older Person's grant. I confirm that I am not residing in an institution funded by the state.

| 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 |

If applicant has more than one spouse, indicate details of each spouse on the back of this form.

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

| ID Document | Decree of Divorce | Death Certificate |
|---|---|---|
| Reason | Reason | Reason |
| Reason | Reason | Reason |

| Sources of Income | (mark **X** in applicable box) | | | |
|---|---|---|---|---|
| Type of Income/Profits | **Self** | **Spouse** | **Dependant Child** | **N/A** |
| Salary or wage | | | | |
| Profits, Withdrawals or other Benefits from a Business / Farm (owned) | | | | |
| Payments from a Trust or Inheritance | | | | |
| Payment from Property Rights | | | | |
| Pension or Annuity | | | | |
| Ex-Gratia Payments Received | | | | |
| Rental Income | | | | |
| Profits, Withdrawals, or other Benefits from a Business / Farm (rented) | | | | |
| Income from Assets (interest / dividends) | | | | |
| Income from any RSA or International Organisation | | | | |

| If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive |
|---|
| |
| |

| Declaration of my / my spouse or partner's Assets (mark appropriate Box/es with **X**) | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Immovable property owned / held under leasehold (not occupied) | | Immovable property owned / held under leasehold (occupied) | | Investments, bonds, loans, outstanding debts due to you | | Shares, share capital, interest in assets in a company / institution | | Endowment policies after maturity or cash in hand | | Property rights | | Lump sum invested in order to procure an annuity | | I / we do not own ANY assets | |
| Applicant | Spouse | Applicant | Spouse | Applicant | Spouse | Applicant | Spouse | Applicant | Spouse | Applicant | Spouse | Applicant | Spouse | Applicant | Spouse |
| | | | | | | | | | | | | | | | |

**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. | | |
| **Deponent's Signature / Thumb Print** | | **Signature: Commissioner of Oaths** | **Rank / Force No.** |

| Date | C | C | Y | Y | M | M | D | D | Place | |
|---|---|---|---|---|---|---|---|---|---|---|

**Name of Commissioner**

*Commissioner / SAPS*

*Stamp*