

FINANCIAL DECLARATION CLIENT

(Documentary evidence of all income/expenses and assets/liabilities must be attached as well as 3 months of bank statements.)

NAME OF APPLIANT: _____

DATE OF RETURN: _____

A. INCOME

1.	SALARY/PENSION RECEIVED (state type of pension) payment point (e.g. bank, Post Office)	Reference/Account Number	MONTHLY INCOME	
			Own	Spouse
1.1				
1.2				
1.3				
2.	ANNUITIES (give the name of fund)			
2.1				
2.2				
2.3				
3.	INCOME FROM TRUST FUNDS AND MAINTENANCE FEES (state name of Fund/person)			
3.1				
3.2				
4.	SHARES (state name of company)			
4.1				
4.2				
4.3				
5.	Directors' FEES (state name of company)			
5.1				
6	CASH INVESTMENTS I.o.w. all rents that are earned either on fixed deposits, savings rack. Etc. (Specify financial settings)	Amount invested or balance		
6.1				
6.2				
6.3				
6.4				
6.5				
6.6				
6.7				
7.	FIXED PROPERTY RENTAL REVENUE: (i.e. Farms, homes) full definition and where situated	Market valuation	Outstanding Regard	
7.1				

7.2					
7.3					

SUBTOTAL CARRIED OVER			R	R
8. OTHER SOURCES OF INCOME (I.e. Income from business, fruit use crypto money, etc.). Specify, please	Reference/Account Number	Own	Spouse	
8.1				
8.2				
8.3				
8.4				
TOTAL			R	R

B. DECLARATION IN RESPECT OF ASSETS SOLD OR DONATIONS MADE :/(please complete fully)

1. Did you sell or gift any assets (immovable property) away?

If so, please give the following details:

(a) Assets sold: (description) _____

(i) Date sold: _____

(ii) Gross Sales Price: R_____

(iii) Little sales fees (specify on separate paper, please.) R_____

(iv) Netto yield R_____

(b) Assets Present: (description) _____

(i) Date donated: _____

(ii) Value: R_____

(c) Cash donated: (description) _____

(i) Date donated: _____

(ii) Amount donated: R_____

2. Expenses THAT MAY BE CLAIMED (documentary proof must please be provided)

2.1 Medical

2.1.1 Funeral Policy Premium: R_____

2.1.2 Medical aid contributions: (own portion) R_____

2.1.3 Chronic medicine: (only in exceptional cases) R_____

2.2 Rent Income from real estate

2.2.1 Rates: R_____

2.2.2 Building Insurance: R_____

2.2.3 Mortgage installment: R_____

TOTAL: R_____

I declare that the above information is provided by me truly and correct.

SIGNATURE OF:

CLIENT DATE: _____

PROXY/SPONSOR DATE: _____

NB: Interest revenue must be substantiated by balance certificates from financial institutions. False statements are a culpable offence.

DECLARATION

I certify that, before I declined the prescribed oath/confirmation, I set the following questions to the declarant and wrote his/her answers in my presence:

- (a) Are you familiar with the content of the above statement and do you understand it?
Answer: _____
- (b) Do you have any objection to the laying of the prescribed oath?
Answer: _____
- (c) Do you consider the prescribed oath as binding to your conscience?
Answer: _____

I certify that the declarant is familiar with the content of the declaration and understands it. This statement has been sworn/confirmed before me and the declarant's a signature/thumbprint/Mark has been installed on it in my presence.

COMMISSIONER OF OATHS

PLACE

DATE

STAMP

FOR OFFICE USE

NET INCOME R _____
BOARDING PER MONTH R _____

FOR OFFICIAL USE BY SELECTION OFFICER: DEPARTMENT OF SOCIAL DEVELOPMENT

Total gross income: R _____
Few approved deductions (specify)
(a) _____ R _____
(b) _____ R _____
(c) _____ R _____
(d) _____ R _____

Net income: R _____

Income Group Code

OFFICIAL – DEPARTMENT: SOCIAL DEVELOPMENT

DATE: _____