



REPUBLIC OF SOUTH AFRICA

## APPLICATION FOR ALLOWANCE OR INTEREST

A. PARTICULARS OF APPLICANT:			
Full names & Surname:			
ID number:			
Birth date:			
Residential address:			
Postal address:			
Tel number (Work):		Tel number (Home):	
Fax Number:		Cell number:	
E-mail address:			

I, \_\_\_\_\_ hereby apply for an allowance or interest as per annexure to be paid to me or the maintenance of the under mentioned person(s) who is/are not yet in school/still attending school/student/unemployed and has/have no/insufficient income.

I declare that the under mentioned minor(s) is/are under my care and responsibility and that I am not financially able to maintain and educate the minor without the financial assistance now requested.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Signature of minor: \_\_\_\_\_  
(if 14 years or older)

B. FULL PARTICULARS OF MINOR(S):			
<ul style="list-style-type: none"> <li>• Certified copy of birth certificate or certified copy of bar-coded Identity Book with two thumbprints to be submitted.</li> <li>• Order of Adoption Order or Foster care to be submitted, if applicable.</li> <li>• Change of names to be supported by an explanatory letter / certificate of alteration from Home Affairs.</li> </ul>			
1.	Full names & Surname:		
	ID number:		
	Birth date:		
2.	Full names & Surname		
	ID number:		

	Birth date:	
3.	Full names & Surname	
	ID number:	
	Birth date:	
4.	Full names & Surname	
	ID number:	
	Birth date:	

**C. PARTICULARS FROM ESTATE INHERITED:**

Full Names & Surname of Deceased:	
Date of Death:	
Place of Death:	
Relationship of Beneficiary to Deceased:	
Estate Reference Number (if available):	
GF File Number (if available):	

**D. CERTIFICATE OF MAINTENANCE**

I, \_\_\_\_\_ the undersigned, certify that the aforementioned minor(s) has/have been properly maintained by the applicant during the period from \_\_\_\_\_ to \_\_\_\_\_ and recommend that the allowance/maintenance applied for be granted to the applicant.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

\*Responsible person

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

Stamp of Institution

\*i.e. Magistrate/Minister of Religion/School Principal/Social Worker.

FOR OFFICE USE ONLY	APPLICATION APPROVED/NOT APPROVED		COMMENTS	
	PRINT NAME AND SURNAME	DATE	SIGNATURE	