AFFIDAVIT FOR A GRANT IN AID



Surname																						
Full names																						
Identity Number																			A	ge		
Residing at (physical address)																Pos	stal C	ode				
Do hereby state under of applying for a Grant in A another person.	id. I c	onfirm																				
(*delete that which is not	аррис	эые)																				
		1	4			Ma	rital S	Status	s (m	nark a	pprop	riate l	oox w	ith X)			a al					
In community Out of community		Married Civil Union Customary Union				Asiatic Religion			Neve	ever Married			Divorced Widow				Widower Deserted months					
My financial position has grant*. (If the marital and/or final Declaration I declare that all informat prescribed oath, and I co (* delete that which is no	ncial po ion furr nsider	os <i>ition</i> nished the pr	<i>has</i>	char	nged, fidavi	the a	applion	cant r	must of m	<i>be a</i> d	dvised wled	d of to	he ne	eed t	o rev	iew h	is/hei	r grar	nt.)			
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 Rank / Force No.						Commissioner / SAPS Stamp					