

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_____

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: _____