



File Coversheet

2022/11/07

BRM File Number:

I4079893

CLM Number:

GAUC18285230

Approved - Main
Rejected - Archive
Loose Correspondence
Review



PINKY ELSIE KUNENE

Gauteng

Transaction Date:

Date Last Reviewed:

6302090468087

Child Support Grant

2022/10/17

Archive Year:

General Particulars

- | | |
|--|--|
| <input checked="" type="checkbox"/> Identity document of Client | <input type="checkbox"/> Identity document Spouse/Partner |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Decree of Divorce |
| <input type="checkbox"/> Affidavit - Regulation 11 (1) | <input checked="" type="checkbox"/> Marriage Certificate |
| <input checked="" type="checkbox"/> CSG Proof of school attendance or Confirmation letter within 30 days | <input checked="" type="checkbox"/> Birth Certificate of Child |
| <input checked="" type="checkbox"/> Proof of being primary caregiver | <input checked="" type="checkbox"/> Additional CSG Children list |
| <input checked="" type="checkbox"/> SASSA Affidavit Child Support Grant | |

Particulars of Income

- | | |
|--|---|
| <input checked="" type="checkbox"/> Income Affidavit | <input type="checkbox"/> Salary or Wage |
| <input type="checkbox"/> Profits, withdrawals or other Benefits from a Business or Farm(owned) | <input type="checkbox"/> Payments from Trust/Inheritance |
| <input type="checkbox"/> Payments from Property Rights | <input type="checkbox"/> Pension/Annuity |
| <input type="checkbox"/> Ex- Gratia Payments Received | <input type="checkbox"/> Maintenance Received |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Profits, Withdrawals or Other Benefits from a Business or Farm(rented) |
| <input type="checkbox"/> Income from Assets(interest/dividends) | <input type="checkbox"/> Income from RSA/International Org. |
| <input checked="" type="checkbox"/> Three (3) Month's Bank Statements or confirmation if new account | |

Particulars of Assets

6302090468087(Id)

GAUC18285230

I4079893



sassa

FILE COPY

6302090468087

PE KUNENE

281 CORNWELL STR
EXT 7
LANGAVILLE
1550

REGIONAL EXECUTIVE
MANAGER
SASSA
PRIVATE BAG X120
MARSHALLTOWN
2107
Tel : 011 241 8300
Fax : 011 241 8301
2022-10-17

Dear Sir/Madam

APPROVAL OF A CHILD SUPPORT GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004), AS AMENDED

Kindly be informed that your application for a child support grant dated 20221017 in respect of 1812181172088 BOPHELO C S NGORESE has been conditionally approved from the date of your application. If you opted to be paid through a private bank, payment will be subject to verification of your banking details that has been confirmed by the bank. You will be notified if the details do not correspond and it will be your responsibility to ensure that the information is rectified within 30 days from receipt of notification.

In the event of an arrear payment the amount will be included in the first amount that will be paid to you. The payment details will be as follows:

FIRST PAYMENT DUE DURING: 2022-11
FIRST AMOUNT PAYABLE : R 712.25
MONTHLY ACCOUNT : R 480.00
BANK DETAILS :

The grant will lapse at the end of the month in which the child reaches the age of 18 years. Also note that in terms of Regulation 6(5) you have to ensure that any child between the age of 7 and 18 years receiving a child support grant is enrolled and attends school regularly. If you failed to provide confirmation of school attendance with the application, please note that you have 30 days in which to bring proof of school attendance to the SASSA office. It is your responsibility to report to the Director-General of Social Development if the child in your care is not enrolled or does not attend school.

Kindly also note that you are required to inform your local SASSA (South African Social Security Agency) office of any changes of your or your spouse's general and financial circumstances in terms of Section 14(5) of the Act. Should you fail to provide this information your grant may be suspended.

Any person who provides information which is to his or her knowledge untrue in order to obtain a grant makes him- or herself guilty of an offence. Please be aware that should you receive a grant which you are not entitled to, you will be expected to pay the total amount back to the Agency. Also note that if you fail to collect your grant for three (3) consecutive months, your grant will lapse.

Should you be aggrieved by a decision made with regards to this application, you or a person acting on your behalf, may within 90 days from date of receipt of this letter lodge an appeal in terms of section 18 of the act with the independent Appeals Tribunal. Your appeal application using the applicable form must set out the reasons why you disagree with the decision of the Agency.

If there is any uncertainty with regard to this notification kindly contact your local SASSA office.

Yours faithfully,

REGIONAL EXECUTIVE MANAGER

P. Kunene.





sassa

FILE COPY

6302090468087

PE KUNENE

281 CORNWELL STR
EXT 7
LANGAVILLE
1550

REGIONAL EXECUTIVE
MANAGER

SASSA

PRIVATE BAG X120
MARSHALLTOWN
2107

Tel : 011 241 8300

Fax : 011 241 8301

2022-10-17

Dear Sir/Madam

APPROVAL OF A CHILD SUPPORT GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004), AS AMENDED

Kindly be informed that your application for a child support grant dated 20221017 in respect of 0801055504089 LETHUKUTHULA S NGOBESE has been conditionally approved from the date of your application. If you opted to be paid through a private bank, payment will be subject to verification of your banking details that has been confirmed by the bank. You will be notified if the details do not correspond and it will be your responsibility to ensure that the information is rectified within 30 days from receipt of notification.

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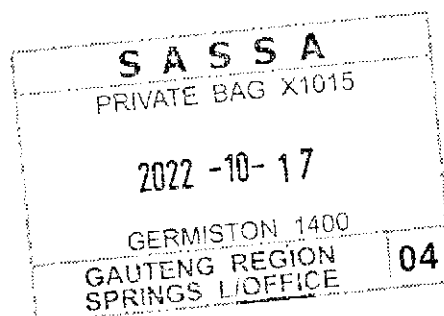
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If there is any uncertainty with regard to this notification kindly contact your local SASSA office.

Yours faithfully,

REGIONAL EXECUTIVE MANAGER

P. Kunene



CSG DOCUMENT CHECKLIST

Client use Dep. Child Y=Received M=Missing N=Not Applicable

y			1. Identity document of Client
N	N		2. Identity document Spouse/Partner
N			3. Death Certificate
N			4. Decree of Divorce
N			5. Affidavit - Regulation 11 (1)
N			6. Marriage Certificate
n			8. CSG Proof of school attendance or Confirmation letter within 3
y			9. Birth Certificate of Child
y			10. Proof of being primary caregiver
y			11. Additional CSG Children list
y	-	-	12. Income Affidavit
n			13. Salary or Wage
n	-	-	14. Profits, withdrawals or other Benefits from a Business or Far
n	-	-	15. Payments from Trust/Inheritance
n	-	-	16. Payments from Property Rights
n	-	-	17. Pension/Annuity
n	-	-	18. Ex- Gratia Payments Received
n	-	-	19. Maintenance Received

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 ENTR Pg.- Pg.+ Pg.< Pg.> MAIN PREV

n	-	-	20. Rental Income
n	-	-	21. Profits, Withdrawals or Other Benefits from a Business or Far
n	-	-	22. Income from Assets(interest/dividends)
n	-	-	23. Income from RSA/International Org.
n	-	-	24. Three (3) Month's Bank Statements or confirmation if new acco
y			40. SASSA Affidavit Child Support Grant
n			44. Salary Slip With Tax Deduction
n			45. Salary Slip With Pension Fund Contribution
n			46. Salary Slip With Medical Aid Contribution
n			47. Salary Slip With UIF Contributions
n			48. Letter from Medical Aid
n			49. Letter From Pension Fund/Provident Fund/Insurance Company
n			50. Letter From SARS With Regards To Tax or UIF
n			52. Annexure C/Consent form

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 ENTR Pg.- Pg.+ Pg.< Pg.> MAIN PREV

CSG DOCUMENT CHECKLIST

Client Spouse Dep. Child Y=Received M=Missing N=Not Applicable

y			1. Identity document of Client
N	N		2. Identity document Spouse/Partner
N			3. Death Certificate
N			4. Decree of Divorce
N			5. Affidavit - Regulation 11 (1)
N			6. Marriage Certificate
y			8. CSG Proof of school attendance or Confirmation letter within 3
y			9. Birth Certificate of Child
y			10. Proof of being primary caregiver
y			11. Additional CSG Children list
y	-	-	12. Income Affidavit
n			13. Salary or Wage
n	-	-	14. Profits, withdrawals or other Benefits from a Business or Far
n	-	-	15. Payments from Trust/Inheritance
n	-	-	16. Payments from Property Rights
n	-	-	17. Pension/Annuity
n	-	-	18. Ex- Gratia Payments Received
n	-	-	19. Maintenance Received

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 ENTR Pg. - Pg. + Pg. < Pg. > MAIN PREV

n	-	-	20. Rental Income
n	-	-	21. Profits, Withdrawals or Other Benefits from a Business or Far
n	-	-	22. Income from Assets(interest/dividends)
n	-	-	23. Income from RSA/International Org.
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y			40. SASSA Affidavit Child Support Grant
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n			47. Salary Slip With UIF Contributions
n			48. Letter from Medical Aid
n			49. Letter From Pension Fund/Provident Fund/Insurance Company
n			50. Letter From SARS With Regards To Tax or UIF
n			52. Annexure C/Consent form

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 ENTR Pg. - Pg. + Pg. < Pg. > MAIN PREV

Form No :700002829501

GRANT APPLICATION RECEIPT

Social Assistance Act, 2004 (Act Number 13 of 2004)
The below requirements have been discussed with the applicant
who understands the contents thereof.

SECTION A: APPLICANT

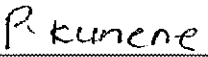
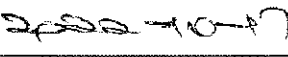
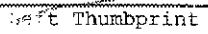
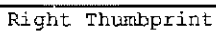
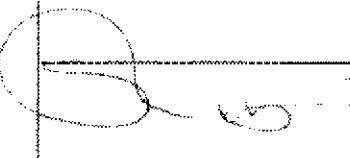
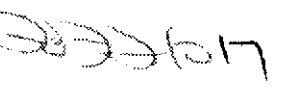
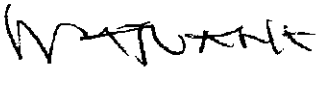
Surname: KUNENE
Name(s): PINKY ELSIE
Application Date: 20221017
Identity Number: 6302090468087 Alternative ID Number :
ID Type: ID DOCUMENT

SECTION B: PROCURATOR

Surname:
Name(s):
ID No.: 0
Grant Type: CSG

If your grant is approved:

- You are required to inform SASSA of any change in your and / or your spouse's / the applicant's circumstances either financial, personal and or your residential or postal address. Failure to keep SASSA informed of changes may result on you not receiving written communication from SASSA, which may result in you grant being suspended.
- You have chosen one of the two payment methods (either the SASSA/SAPO card or your personal bank account) during the application process - and have been informed that you may change the method of payment at any time by visiting a SASSA office to assist with the change.

			
Signature: Applicant /		Date	
			
Left Thumbprint		Right Thumbprint	
			
Signature: Designated Officer		Date	
			
		Name & Surname	
<p>NB: You will be informed three (3) months in advance should you need to review or complete a life certificate.</p> <p>Helpdesk Enquiry Number: 0800 60 10 11</p> <p><i>In accordance with Section 18(1) of the Act, you have the right to request SASSA to reconsider its descision by reporting to the local office nearest to where you stay within 90 days from the date of receipt of this letter.</i></p> <p>SOCIAL GRANT FRAUD AND CORRUPTION CALL CENTER NO: 0800 601 011</p>			
<p>SASSA Official Stamp</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>S A S</p> <p>PRIVATE BAG X1015</p> <p>2022-10-17</p> <p>GERMISTON 1400</p> <p>GAUTENG REGION</p> <p>KWA-THEMA DISTRICT</p> <p>01</p> </div>			

Form No : 700002829501

GRANT APPLICATION FORM

Instructions on completing this form:

1. This form must be completed in the presence of a SASSA official.
2. Mark with and X in the appropriate box where relevant.
3. Complete in CAPITAL letters and write inside the boxes where applicable.
4. Y means Yes.
5. N means No.

Type of Transaction: New Application ☒ Re-Application ☐
 Type of Grant OA - WV - DG - FCG - CDG - CSR

FOR OFFICE USE ONLY

MANUAL COMPLETION Form Completed by: APPLICATION CAPTURE Form Captured by:

Name: PHINDILE A:
 Surname: LANGAVILLE A:
 User Id: P23-037 A:
 Signature: [Signature] A:
 Date: 2022-10-17 A:

Payment Information Outcome Delivery Method

Monthly Amount : R 600.00 Outcome letter personally handed to Applicant ☒ N ☐
 Arrear Amount : R 712.25 Provide Registered post number, if letter not handed over : 12
 First payment of: R 222.11 Letter sent by: _____
 Month Payable : 2022/11 Date : _____

SECTION A: PERSONAL DETAILS

Identification Type : ID DOCUMENT Gender : FEMALE
 Refugee Expiry Date : 0 Temporary Id Expiry Date : 0
 Identity Number : 6302090468087 Title : MRS
 Alternative ID Number : 0 Affidavit Attached? : Y ☐ N ☐

Receipt from Home Affairs available? No Date on Receipt : 0

Surname : KUNENE
 Full Names : PINKY ELSIE
 Initials : PE Date of Birth : 19630209
 Applicant Cell Number : 0735074440
 Correspondence Language : ENGLISH Residence Code: 730700
 Application Date : 20221017

Residential Address
 281 CORNWELL STR
 EXT 7

LANGAVILLE
 Postal Code 1550

Postal Address
 281 CORNWELL STR
 EXT 7

LANGAVILLE
 Postal Code 1550

Is Application lodged by a person in a state institution? Yes ☐ No ☐
 Proof of discharge to be provided before payment can be effected.
 Citizenship : SOUTE AFRICAN
 Recipient : PERSONAL (SELF)
 Spousal Relationship Status : DESERTION
 ID Number of Spouse : 0
 Spouse Date of Birth : 0

SECTION B: METHOD OF PAYMENT

Method of payment : SASSA/SAPO
 Personal Bank Account Details
 Bank Name : POSTBANK : SA POSTBANK SOC LTD
 Name of Account Holder : PE KUNENE
 Account Type : Branch Code : 460005 Account Number : 10014893705

P.2 P.E.

Form No :700002829501

SECTION D: GRANT SPECIFIC REQUIREMENTS

Maintained by an Institution subsidized by the State? Y ___ N ☒

4. Child Support Grant 1

Citizenship : SOUTH AFRICAN

Child Id No : 801055594089

Home Affairs Receipt Attached : Y ___ N ☒ Receipt Date :

Surname : NGOBESE

Name(s) : LETHUKUTHULA S

Date of Birth : 20080105 Gender : MALE

Applicant's relationship to child : PARENT

Previous Beneficiary Id : 8702200286089

Is the child resident with you? : YES

Does the child attend school? : YES

Name of School : LANGAVILLE SECONDARY SCHOOL

4. Child Support Grant 2

Citizenship : SOUTH AFRICAN

Child Id No : 1812181172088

Home Affairs Receipt Attached : Y ___ N ☒ Receipt Date :

Surname : NGOBESE

Name(s) : BOPHELO C S

Date of Birth : 20181218 Gender : FEMALE

Applicant's relationship to child : PARENT

Previous Beneficiary Id : 8702200286089

Is the child resident with you? : YES


Does the child attend school? : NO

Name of School :

R.S

P.E

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname
KUNEKE

Names:
PINKY ELSIE

Sex:
F



Nationality:
RSA

Identity Number:
6302050400057

Date of Birth:
09 FEB 1963

Country of Birth:
RSA

Signature:
CITIZEN

I Certify that this Document is a True Copy of the Original which was examined by me and that from my observations, that there are no indications that the Original Document has been altered by Documented Persons.

Signature: *[Signature]*

Designation: *[Signature]* Office: Republic of South Africa

SOUTH AFRICAN NATIONAL IDENTITY AGENCY

Date: *[Signature]*

Place: *[Signature]*

Business Address: *[Signature]*

(Physical Address not Postal Address)

S A S S A

PRIVATE BAG X1015

2022 -10- 17

GERMISTON 1400

GAUTENG REGION
SPRINGS L/OFFICE

04



A9953924
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

MARRIAGE/HUWELIK

IDNO. HUSBAND:
IDNR. MAN :

660517 5274 08 3

SURNAME:
VAN :

KUNENE

FIRST NAMES:
VOORNAME :

MANIKI FREDDIE

DATE OF BIRTH:
GEBOORTEDATUM:

1966-05-17

IDNO. WIFE:
IDNR. VROU:

630209 0468 08 7

SURNAME:
VAN :

NGOBESSE

FIRST NAMES:
VOORNAME :

PINKY ELSIE

DATE OF BIRTH:
GEBOORTEDATUM:

1963-02-09

DATE OF MARRIAGE :
DATUM VAN HUWELIK:

1995-01-12

PLACE OF MARRIAGE:
PLEK VAN HUWELIK :

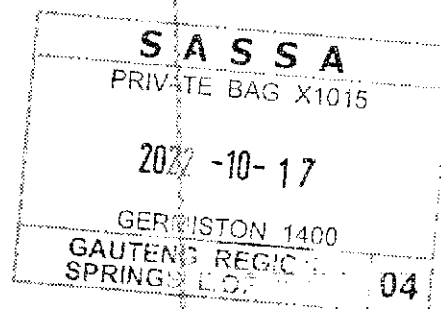
TYPE OF MARRIAGE:
TIPPE VAN HUWELIK:

CIVIL

DATE ISSUED :
DATUM UITGEREIK:

2006-12-01

ISSUED BY :
UITGEREIK DEUR: YDA208



Certified a true copy of the Original Document or
I Certify that this Document is a True Copy of the
Original which was examined by me and that from
my observations, that there are no indications that
the Original Document has been altered by
Unauthorized Persons.

Signature: *[Signature]*
Designation: *[Signature]* Ex Officio, Republic of South Africa
SOUTH AFRICAN POLICE SERVICE
Date: *[Signature]*
Place: *[Signature]*
Business Address: *[Signature]*
(Physical Address not Postal Address)



C 0544856
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH/GEBOORTE

IDNO.: 080105 5504 08 9
IDNR.:

SURNAME: NGOBESE
VAN :

FIRST NAMES: LETHUKUTHULA SHAUN
VOORNAME :

DATE OF BIRTH: 2008-01-05
GEBOORTEDATUM:

SEX: MALE
GESLAG:

COUNTRY OF BIRTH: SOUTH AFRICA
GEBOORTELAND :

DATE ISSUED: 2008-01-31
DATUM UITGEREIK: ISSUED BY: YDA219
UITGEREIK DEUR:

S A S S A	
PRIVATE	BAG X1015
2027-10-17	
GERMISTON 1400	
GAUTENG REGION	04
SPRINGS	L/OFFICE

I certify that this Document is a True Copy of the Original Document or that there are no indications that the Original Document has been altered by any observations, that there are no indications that the Original Document has been altered by any observations.

Signature: [Signature]
Designated: [Signature] **South Africa**
SOC R: [Signature] **AGENCY**
Date: [Signature]
Place: [Signature]
Business Address: [Signature]
(On first Address no Postal Address)



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

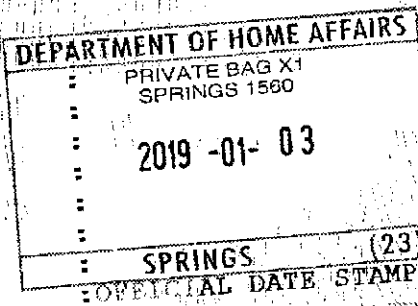
G 2436637

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH CERTIFICATE

CHILD
SURNAME: NGOBESHE
FORENAMES: BOPHELO CELOKUHLE SHEKINA
GENDER: FEMALE
PLACE OF BIRTH: KWA-THEMA
COUNTRY OF BIRTH: SOUTH AFRICA
MOTHER: ID NUM/TRAVEL DOC: 8702200286089
MAIDEN/SURNAME: NGOBESHE
FORENAMES: NOMSA ANNAH
DATE OF BIRTH: 1987-02-20
PLACE OF BIRTH: SPRINGS
COUNTRY OF BIRTH: SOUTH AFRICA
FATHER: ID NUM/TRAVEL DOC:
SURNAME: _____
FORENAMES: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____
COUNTRY OF BIRTH: _____
ENDORSEMENTS: NONE



DIRECTOR GENERAL: HOME AFFAIRS

DATE PRINTED: 20190103

ISSUED BY: YDA287

I certify a true copy of the Original Document or
I certify that this Document is a True Copy of the
Original which was examined by me and that from
my observations, that there are no indications that
the Original Document has been altered by
any person.

Signature: _____
Designation: _____
Office: _____
Date: _____
Place: _____
Business Address: _____
(Physical Address not Postal Address)

S A S S A

PRIVATE BAG X1015

2022 -10- 17

GERMISTON 1400

GAUTENG REGION
SPRINGS L/OFFICE

04

GAU 18



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

Annexure E

PROOF OF SCHOOL ATTENDANCE

Note: Must be completed if children/child are school going

Child ID:

Attesting Officer

-60-08
SASSA Stamp

The Principal

School Name

Region

District

Physical Address

Langaile Tsatane

Code

Tel

Fax

Cell

Name and Surname of Child / Children Concerned	Grade	Progress			School Attendance	
		Good	Satisfactory	Weak	Good	Weak
Bophelo Shokwe Nyobese	9	✓			✓	

School Stamp

Principal's Signature

ANNEXURE I-4 (a)



ADDITIONAL CHILDREN FOR CHILD SUPPORT GRANT APPLICATION

Name of Applicant Pinky Kunene ID No. 630209046808

The information contained in this document is supplementary to the affidavit dated 2022/10/17

Name of Child	Date of Birth	Born at Clinic* / Hospital*
BOPHELO NGOBESE	2018-11-18	MCH

I confirm that I am the primary care giver* / ~~biological parent*~~ of the above child/~~children~~, and ~~he*~~ / ~~she*~~ / ~~they*~~ reside with me. I am not paid to take care of the child/~~children~~ mentioned above.

P. Kunene

Signed

2022/10/17

Date

Commissioner of Oaths

2022/10/17

Date

ANNEXURE I-4

AFFIDAVIT FOR A CHILD SUPPORT GRANT



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	KUNENE
Full names	PLINY ELSIE
Identity Number	63020710405087
Age	59
Residing at (physical address)	28 Cornwell Street Langquella
Postal Code	1550

Do hereby state under oath that I am applying for a Child Support Grant for the following child:

Name & Surname	LS Ngobese	Date of Birth	2008/01/05
----------------	------------	---------------	------------

Note: Attach list with additional children's names if application is for more than one child.

Name of Clinic / Hospital where child was born:	Phalaborwa	ID number of Child	6301055804084
---	------------	--------------------	---------------

I am the primary care giver* / biological parent* of the child mentioned above and he / she resides with me. I am not being paid to care for the child mentioned above, and confirm that the child does not reside in a State Funded Institution. (* delete that which is not applicable)

Marital Status (mark appropriate box with X)							
Married				Unmarried			
In community	Out of community	Civil Union	Customary Union	Never Married	Divorced	Widow / Widower	Deserted > 3 months
		X					X

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full names & surname	
ID	

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
8350		

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				
Maintenance 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

with child support grant

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.

Deponent's Signature / Thumb Print	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 and thumb print was placed in my presence.	Signature: Commissioner of Oaths	Name of Commissioner
			Rank / Force No.
Date	Place		

