

## File Coversheet

CLM Number: GAUS00724928 BRM File Number: F7186614





Date: 5/22/2018 1:52:44 PM

Approved - Main 💣

Rejected - Archive

Loose Correspondence

STATUS:

Non-Compliant

Transfer

Legal

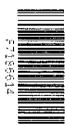
Fraud

Debtors

PINKY ELSIE NGOBESE 6302090468087 SRD Gauteng









### FILE COPY

6302090468087

PINKY ELSIE NGOBESE

281 CORNWELL STREET EXT 7

LANGAVILLE

1550

730700

REGIONAL EXECUTIVE MANAGER SASSA PRIVATE BAG X120 MARSHALLTOWN 2107

Tel: 011 241 8300 Fax: 011 241 8301

20171113

Dear Sir/Madam

APPLICATION FOR SOCIAL RELIEF OF DISTRESS IN TERMS OF SECTION 13 OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT. NO 13 OF 2004) AS AMENDED

Your application for Social Relief of Distress dated 2017-11-13 refers.

Your application for social relief of distress has been approved. You will receive (a) FOOD PARCEL R 776.49

You are advised that, should you receive a grant and social relief for the same period, you will be expected to repay the amount received in social relief.

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

Yours faithfully

REGIONAL EXECUTIVE MANAGER

Acknowledgement of receipt

PBCE hereby acknowledge receipt of this notification and the content was explained to my satisfaction.

Thyobesa-

SECURITY AGENCY (NO. 15) employed by SASSA, hereby confirm that this noti KWA-THENIA content thereof was explained to the applicant in the language of this/her choice.

13-11-2017

Signature of designated officer

1560 SPRINGS 1560

LOCAL OFFICE



This letter will be available in an official language of your choice on request, where applicable. 76 : APPROVAL: SRD , ENGLISH

SOUTH A PARCAN SOCIAL SECURITY A PENCY (SASSA)

RVA-PEEMA

13-11- 2017

PO BOX 3475 SPRINGS 1569 STRINGS LOCAL OPINCS





Ref :700000325446-7000000000000092028-20171113 Page1/4

### APPLICATION FOR SOCIAL RELIEF OF DISTRESS

#### Instructions on filling this form:

This form must be completed in the presence of a SASSA official
 Mark with and X in the appropriate box where relevant.
 Complete in CAPITAL letters and write inside the boxes where applicable

Y means Yes and N means No.

SECTION A: APPLICANT PARTICULARS
Local Office: 730700 KWA THEMA LOCAL OFFICE
Identity number: 6302090468087 Gender: FEMALE
Identity number: 6302090468087 Gender: FEMALE
Identification Type: (annexure B attached) ID DOCUMENT
Date of Birth: 19630209
Surname: NGOBESE Full names: PINKY ELSIE
Citizenship: SOUTH AFRICAN
Military Vetran : NO

Military Veteran : NO Education Level : Postal Address 281 CORNWELL STREET EXT 7

LANGAVILLE Postal Code : 1550

Residential Address 281 CORNWELL STREET EXT 7

LANGAVILLE Postal Code : 1550

Tel No : Cell No : 0735074440 Contacts

Language : ENGLISH

Spousal Relationship : DESERTED Spouse Id No : 0 : 0 Spouse Birthdate : 0 Application Date : 20171113 Reason for Application : UNDUE HARDSHIP

Assistance Type : FOOD PARCEL

SECTION B: DETAILS OF DEPENDANTS

#### Ref :700000325446-7000000000000092028-20171113 Page2/4

INANCIAL DETAILS :	Ac	plic	ant	Spouse/s	Dependant	Child
alary or Wage>	•	•	3 0			
rofits/withdrawels/other Benefits from a Business or Farm (owned) >			₹ 0			
ayments from Trust/Inheretance>	R O R	. 0	₹ 0			
ayments from Property Rights>			₹ 0			
ension or Annuity		. O E	R 0			
x- Gratia Payments Received>	R O R	. 0 1	₹ 0			
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ental Income		. O 1	₹ 0			
rofits/withdrawels/other Benefits from a Business or Farm (rent) .>	R Q R	. 0	₹ 0			
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mmovable propery onwed or held under lease hold (occupied)>			R 0			
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hares/shares capital/interest in assets in a company/institution .>	R O R	. 0	₹ 0			
ndowment policies after maturity cash or kind>		0 1	₹ 0			
roperty rights>			3 0			
umpsum invested in order to procure annuity>			3 0			
·						
emarks						
7						
AND STORM -						
MMATUCE CONTROL						
<u> </u>						

Signature 13,11, 2917

P.E.

Ref :700000325446-70000000000000092028-20171113 Page3/4 Confirmation of Applicant's financial positions is to be provided on Annexure D-2. If the referral is on grounds of undue hardship, please provide details: Declaration I hereby declare that the particulars furnished on this form including financial details are to the best of my knowledge and belief true and correct. I am aware that any false declaration is punishable by law, and undertake to notify SASSA o f any changes in circumstances relating to this document. inku Name and Surname of The above statement was explained to the applicant/peo rator and he/she is satified with the contents thereof. The application/procurator was asked the following questions: Do you know and understand the contents of the above declaration? ii) Do you have any objection to taking the prescribed oath/affirmation? iii) Do you regard the \*\*\* h/affirmation as binding on you conscience? 13 11 Thus signed and sworm/affirmed on this day of 20 [ the applicant/pro having acknowledged that he/she knows and understands the contents of this declaration, has no objection to taking the outh/affirmation, having swormed/affirmed that the contents thereof are true and correct and that he/she considers the oath/affirmation to be binding to him/her conscience. SECTION C: INFORMATION VERIFIED BY SASSA OFFICER Details Checked on SOCPEN if no, provide reason Supporting Document Confirmed 🥱 N if no, provide reason Name and Surname: Designated Attesting Officer Designated Verifying Officer Name and Surname? Designation Date of birth Client Id No. Rejected \* Application Status Approved \* Reason for rejection

Name and Surname: Designated Approval Officer

Designation

Signa"pre

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4

#### Ref :700000325446-70000000000000092028-20171113 Page4/4

SECTION D: FOR OFFICE USE ONLY Types of Assistance Provided
SRD Vouchers Value R Date of Issue Voucher No:
Cash ° Value R Date of Issue
SOCPEN Capturing
Name and Surname: Capturing Official SOCPEN User ID Date Signature
SOCPEN Verifying
Name and Surname: Verifying Official Socret ID Date Signature

SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)

SPRINGS

13-10-2017

PO BOX 3475 SPRINGS 1560

SPRINGS
SASSA Official StateOCCAL OFFICE

P.E

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### DOCUMENT CHECKLIST FOR SOCIAL RELIEF OF DISTRESS





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Initials PE Surname MC	<u> </u>	3	<u>্রে</u>	4								
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ID Document of Spouse/Partner	Yes	No	700				eg /11(1) <sub>200</sub>			Yes	No	AVA
Death Certificate	Yes	No	44%	Ma	rriage (	Cert	ificate	Tige Carlot	) g. m./.	Yes	No	TILL
SASSA Affidavit	PRE	REQUI	ISITE	Chi	ild Birth	Ce	rtificate	*		Yes	No	CAIA
Social Worker's Report	Yes	No	XA	_		_	cal Incapac		3	Yes	No	
Proof of Breadwinner Institutionalised	Yes	No	MA	Pro	of of n	o ma	aintenance	support		Yes	No	1
Copy of appeal letter	Yes	No	NA				cation outco			Yes	No <sup>1</sup>	N/A
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Payments from a Trust or Inheritance Payments from Property Rights								CLIENT	SPOUSE	<del></del>		X
Payments from Property Rights				<u> </u>	<i>*</i> .	· ·		CLIENT	SPOUSE			(T)
Pension or Annuity			*		1	1.5		CLIENT	SPOUSE			NA
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Income from any RSA or International Organi				1 2.	74.2	. :		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CLIENT	SPC	USE	
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Socpen Means printouts		o	A ST			1	(	CLIENT	SPOUSE	DEP. (	CHILD	
Declaration I declare that I have interviewed the Client in above are attached to the Form as per the re-											s as inc	ficated
Signature of Designated Officer		3	) () () Name	100 200	≥(\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	170 ted	Officer		791	7 / 1\ Date:	1.	3
I declare that I have verified the information of attached to the form as per the requirements								docume	ents as indi	cated abo	ve are	
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Signature of Designated Officer			Name	of D	esigna	ted	Officer.	m seems		Date		
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								, is	RITYA KWA-	$\frac{GENC}{THEM}$	Y (SA	iss <sub>A</sub>

2017-11-13 SOCPEN ~ 5055 SOUTH AFRICAN SOCIAL SECURITY AGENCY \$5055P01 GAUTENG REGION 09:45:34 ENQUIRY BY IDENTITY NUMBER (SOCIAL RELIEF) P74E0249 P S5055M02 -----> 6302090468087 NGOBESE <-----Relief No....> 700000325446 Application Date....> 2016-12-08 Region Code ...... > 730700 KWA THEMA LOCAL OFFICE Paypoint....> Rand Value Type of Benefit.....> NO LONG DESCRIPTION ON TABLE 780.00 Application Reason...> 16 UNDUE HARDSHIP Dependant Children...> Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---Main Prev SOCPEN - 5055 SOUTH AFRICAN SOCIAL SECURITY AGENCY 2017-11-13 S5055P01 GAUTENG REGION 09:45:45 ENQUIRY BY IDENTITY NUMBER (SOCIAL RELIEF) P74E0249 P S5055M02 -----> 6302090468087 NGOBESE <-----Social Relief No....> 700000325446 Application Date....> 2016-12-08
Region Code .....> 730700 KWA THEMA LOCAL OFFICE Paypoint....> Rand Value Type of Benefit.....> NO LONG DESCRIPTION ON TABLE 780.00 Application Reason...> 16 UNDUE HARDSHIP

Dependant Children ... >

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---Main Prev Entr



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### REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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2 If you have changed your address for it particulars of your present address; e.g. har of steet changed the NOTICE OF CHANGE OF ADDRESS form in the pocket and the the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used in report the transportant its must be handfully attoposted to the present a distribution of the present and the property of the prop

## TP No 630209 0468 08

NGOBESE

VOORNAME/FORENAMES
PINKYELSIE
GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTHAFRICA



DATUM UTTGEREIK 1986-07-01

SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)

KWA-THEMA

13 -11- 2017

PO BOX 3475 SPRINGS 1560

SPRINGS LOUAL OFFICE Certified a true copy of the Original Document or Certified a true copy of the Original Document of I Certify that this Document is a True Copy of the Original which was a very local by the original by the or Original which was examined by me and that from the original which was examined by me and that from the original which was examined by me and that from the original was the ori Original which was examined by me and that from the observations, that there are no indications that the Original Document has been altered by Authorized Persons. Authorized

Officio Republic of South Africa Signature | For

Designation

Physical Address not Postal Address) Business Address:

ANNEXURE D-2

# AFFIDAVIT SOCIAL RELIEF OF DISTRESS FINANCIAL POSITION



Authority Number: 63 0 2 2 9 0 1 5 0	, the undersigned							1
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dentity. Number: 630 200 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				<del>-                                    </del>			1 1 1	=
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y spouse. / partner's full names & surname.  ID  applicant has more than one spouse, indicate details of each spouse on the back of this form.  ate reasons if applicant does not have any of the following documents for his/her spouse or partner.  ID Document:  Death Certificate.  Settle Spouse Dependent Child NA: Amount Certificate.  Death Certi		<u>, , , , , , , , , , , , , , , , , , , </u>			1			
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Declaration of my / my spouse or partner's Assets ( interest in the 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 rescribed oath and I consider the prescribed oath to be binding on my conscience.  Deponent's Signature / Lummit Frint  Deponent's Signature / Lummit Frint  Designation of my / my spouse or partner's Assets ( interest in property work of the	Profits, Withdrawals, or other	Benefits from a Busines	ss / Farm (rented)			Mr.		
Declaration of my / my spouse or partner's Assets ( immovable Immovable Immovable property owned / held under leasehold (occupied) (	Income from Assets (interest	/ dividends)				4		
Declaration of my / my spouse or partner's Assets ( ithe applicable box)  Immovable properly owned / held under leasehold (not occupied) (occupied) (occup					v he / she curre	ntiv survive		Ħ
Declaration of my./ my spouse or partner's Assets (Mithe applicable box).  Immovable   Immovable   Immovable   Investments, bronds, loans, outstanding debts due to you   Investments   Shares, share capital, interest in policies after maturity or cash (occupied)   Investments, bonds, loans, outstanding debts due to you   Investments   Invested in order to procure an annuity   Invested in order to procure a	21 selling	TCe-61,	ockan	0/5	ncice	2 1/2 (	SOPM.	_
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property owned / held under leasehold (not occupied) (occupied) (o		la I			1 the applicable	<del></del>		4
leasehold (not occupied)    leasehold (occupied)   debts due to you objection   Spouse   Applicant   Applicant	property owned / property ow	ned / bonds, loans,	acsols in a	policies after	Property rights	invested in or	der I/>mus donot	
Peclaration 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 rescribed oath and I consider the prescribed oath to be binding on my conscience.  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 / Ibumb print was placed in my presence.  Deponent's Signature:  Commissioner of Oaths  Designation  Designation	leasehold (not leaseho	debts due to you	company/ m		. reporty rights		n own ANY asse	ts
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 rescribed oath and I consider the prescribed oath to be binding on my conscience.  I certify that the deponent has acknowledged that the she knows and understand the contents of this declaration that was sworm to and affirmed before me and that the deponent's signature ( thumb print was placed in my presence.  Deponent's Signature:  Commissipner of Oaths  Designation  Designation		<del></del>	<del></del>	oficant Spouse	Applicant Spouse	Applicant Spo	use Agiicant Spot	50
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