



MAGDELENA S VAN WYK  
Gauteng  
Benoni  
Transaction Date:  
Date Last Reviewed:

4004080078080  
Old Age Grant  
2023/10/26  
Archive Year: 2023

## General Particulars

- |  |   |
|--|---|
| <input 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 type="checkbox"/> Marriage Certificate             |
| <input type="checkbox"/> SASSA Affidavit Older Persons Grant |   |

## Particulars of Income

- |  |   |
|--|---|
| <input 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 type="checkbox"/> Three (3) Month's Bank Statements or confirmation if new account      |   |

## Particulars of Assets

- |   |  |
|---|--|
| <input type="checkbox"/> Immovable Property owned / held under leasehold (not occupied)         | <input type="checkbox"/> Immovable Property owned / held under leasehold (occupied by client/spo |
| <input type="checkbox"/> Investments, Bonds, Loans, Outstanding debts owed to client and/or spo | <input type="checkbox"/> Shares, Share Capital, interest in Assets in a Company / Institution    |
| <input type="checkbox"/> Endowed Policies after Maturity or Cash in hand                        | <input type="checkbox"/> Property Rights   |
| <input type="checkbox"/> Lump sum Invested in order to Procure an Annuity                       |  |

4004080078080(id)



GAU022412746



I6623929



-4004080078080-

MS VAN WYK

E 06 EDDIE HOUSE  
AMPTHILL AVENUE  
BENONI  
1501

REGIONAL EXECUTIVE

MANAGER

SASSA

PRIVATE BAG X120

MARSHALLTOWN

2107

Tel : 011 241 8300

Fax : 011 241 8301

2023-10-27

Dear Sir/Madam

APPROVAL OF AN OLDER PERSON'S GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004), AS AMENDED

Kindly be informed that your application for an older person's grant dated 20231026 has been approved from date of application. If you opted to be paid through a private bank account or you are a resident of an institution, payment of your grant will be subject to verification of your banking details or the banking details of your institution. Your grant will be paid once the bank details provided to SASSA 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 payable. The payment details will be as follows:

FIRST PAYMENT DUE DURING: 2023-11

FIRST AMOUNT PAYABLE : R 2534.51

MONTHLY AMOUNT : R 2110.00

PAYMENT DETAILS : SAVINGS ACC NO: 9262995917 BRANCH : 632005 ABSA BANK : ABSA ELECTRONIC SE

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.

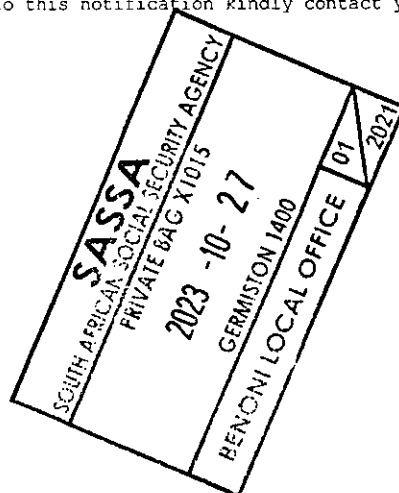
Any person who provides information which is to his or her knowledge untrue in order to obtain a grant makes him- or herself guilty of an offence. Please be aware that should you receive a grant which you are not entitled to, you will be expected to pay the total amount back to the Agency. Also note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



## BENEFICIARY HOME VISIT REPORT

Local Office Manager .....  
(Name) (Signature) (Date)

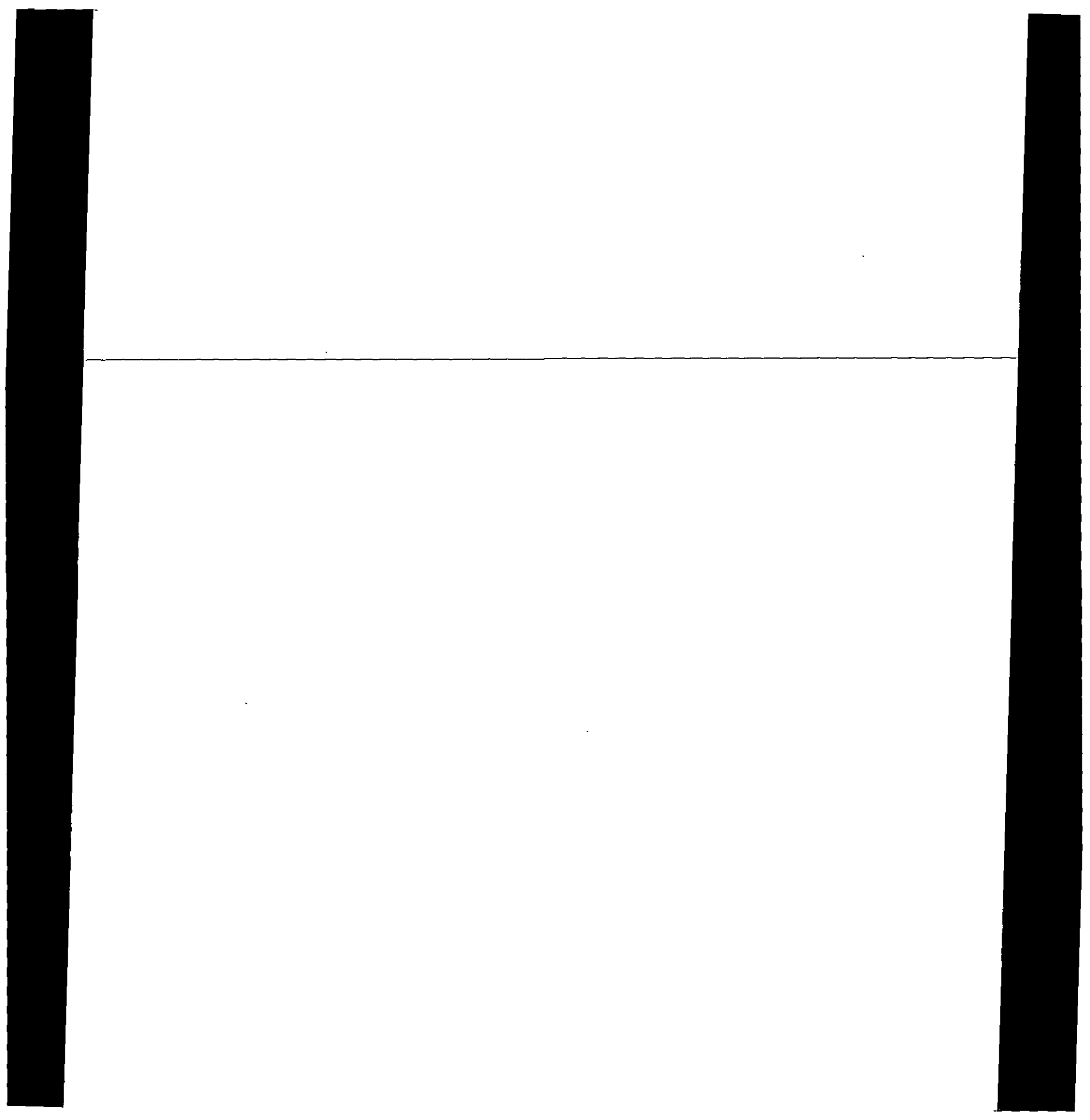
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beneficiary has not claimed  
med it for 3 consecutive months. If you are of the opinion that  
beyond your control, you may apply for the grant to be restored withi

..  
Su  
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Ph  
Ce  
Ap  
OA  
MG  
GI  
CS

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
Entr APPL <Pg. >Pg.

- ① Call for Copy of I-1
- ② Call for Copy of Death Certificate
- ③ Then with Birth Certificate
- ④



Region Code .....> 730500 BENONI LOCAL OFFICE

Title .....> 1 MRS

Surname .....> VAN WYK

Name .....> MAGDELENA SUSANNA

Initials.....> MS\_

Date of Birth .....> 19400408

Gender .....> 1 FEMALE

Correspondence Lang> 01 ENGLISH

Phone No .....>

Cell Phone No .....> 0827087822

Application Date and Status

OA/WV/DG .....1> 20150421 D LAPSED 4 OTHER REASONS

MG/FCG/CDG .....2>

GIA .....3>

CSG .....4>

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

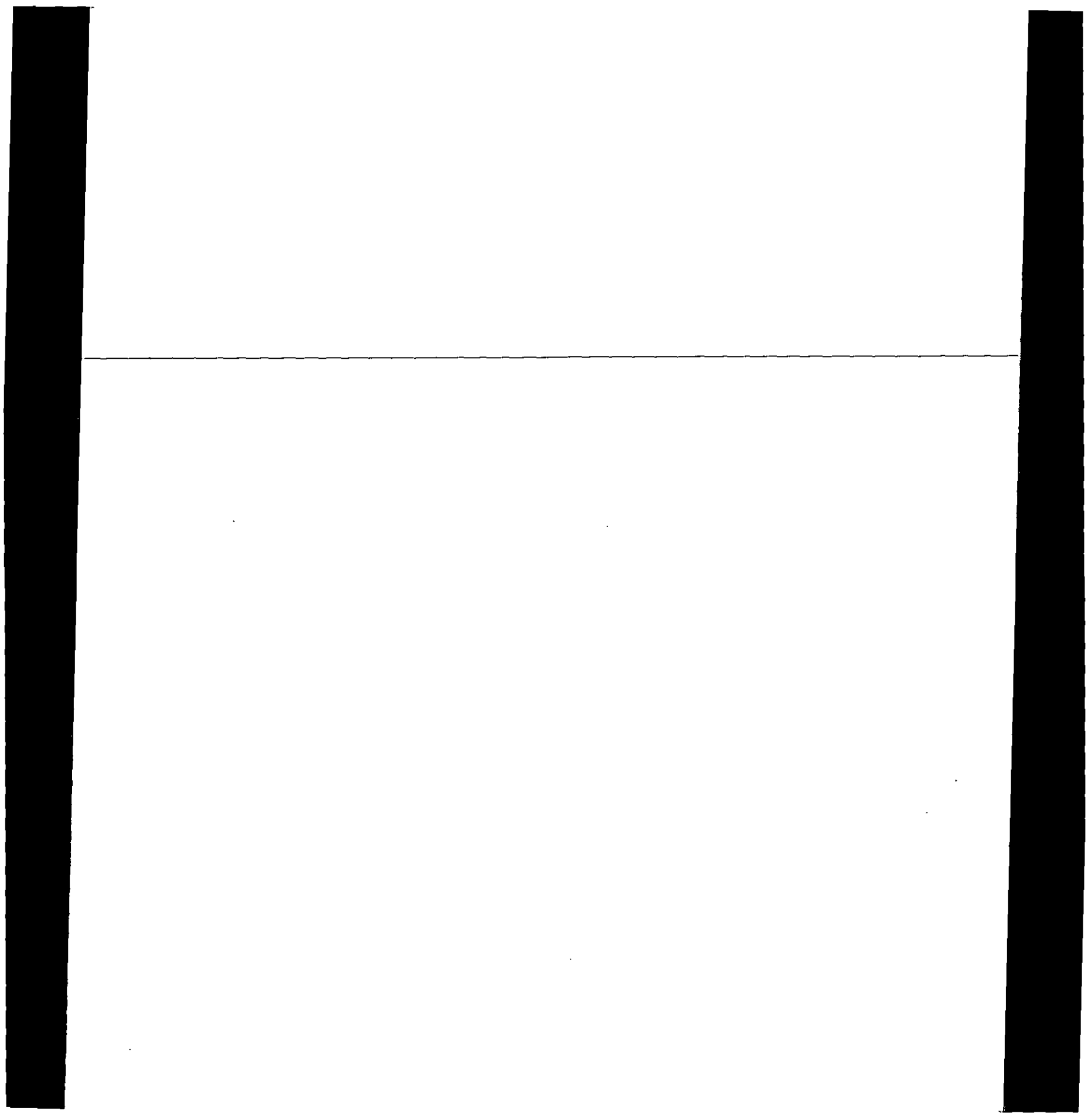
Entr                   APPL   INFO   NOTE                   REAS                   Main   Prev.



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P-region Code .....> 730500 BENONI LOCAL OFFICE  
Title .....> 1 MRS  
Surname .....> VAN WYK  
Name .....> MAGDELENA SUSANNA  
Initials .....> MS  
Date of Birth .....> 19400408  
Gender .....> 1 FEMALE  
Correspondence Lang> 01 ENGLISH  
Phone No .....>  
Cell Phone No .....> 0827087822  
Application Date and Status  
OA/WV/DG .....1> 20150421 D LAPSED 4 OTHER REASONS  
MG/FCG/CDG .....2>  
GIA .....3>  
CSG .....4>  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
Entr           APPL   INFO   NOTE           REAS                   Main   Prev.



> E 06 EDDIE HOUSE

>

> AMPHILL AVENUE

Suburb ....> BENONI

Postal Code> 1501

Postal Address

> E 06 EDDIE HOUSE

>

> AMPHILL AVENUE

Location ...> BENONI

Postal Code> 1501

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

Entr INFO OLDAD PREV

Main Prev.

**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**

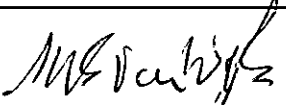
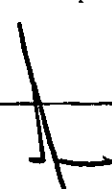
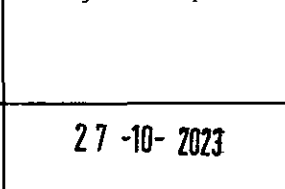
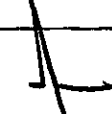
Surname .....: VAN WYK  
Name(s) .....: MAGDELENA SUSANNA  
Application Date .....: 20231026  
Identity Number .....: 4004080078080      Alternative ID Number :  
ID Type .....: ID DOCUMENT

**SECTION B: PROCURATOR**

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

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 your 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.

		2023-10-26	
Signature: Applicant / Procurator		Date	
Left Thumbprint		Right Thumbprint	
			
		27-10-2023	
Signature: Designated Officer		Date	
		Name & Surname	
		Kananavathi Moonsamy	
NB: You will be informed three (3) months in advance should you need to review or complete a life certificate.		SASSA Official Stamp	
Helpdesk Enquiry Number: 0800 60 10 11		SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)	
In accordance with Section 18(1) of the Act, you have the right to request SASSA to reconsider its decision by reporting to the local office nearest to where you stay within 90 days from the date of receipt of this letter.		P.O. Box 2679	
SOCIAL GRANT FRAUD AND CORRUPTION CALL CENTER NO: 0800 601 011		20-10-2023	
		PINNONI 1500	
		PINNONI LOCAL OFFICE	

M.S

**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 - CSG

**FOR OFFICE USE ONLY****MANUAL COMPLETION**

Form Completed by:

**APPLICATION CAPTURE**

Form Captured by:

Name Befan A: Befan A:Surname Nguni A: Nguni A:User Id 24E0132 A: 24E0132 A:Signature [Signature] A: [Signature] A:Date 2023-10-26 A: 2023-10-26 A:**Payment Information****Outcome Delivery Method**Monthly Amount : R 2090 Outcome letter personally handed to Applicant : Y N ☐Arrear Amount : R 2494 - 51 Provide Registered post number, if letter not handed over : 2494 - 51First payment of: R 11/2023 Letter sent by: [Signature]Month Payable : 11/2023 Date : 2023-10-27**SECTION A: PERSONAL DETAILS**

Identification Type : ID DOCUMENT Gender : FEMALE

Refugee Expiry Date : 0 Temporary Id Expiry Date : 0

Identity Number : 4004080078080 Title : MRS

Alternative ID Number : 0 Affidavit Attached? : Y ☒

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

Surname : VAN WYK

Full Names : MAGDELENA SUSANNA

Initials : MS

Date of Birth : 19400408

Applicant Cell Number : 0827087822

Correspondence Language : ENGLISH

Residence Code: 730500

Application Date : 20231026

**Residential Address**

E 06 EDDIE HOUSE

AMPTHILL AVENUE

BENONI

Postal Code 1501

**Postal Address**

E 06 EDDIE HOUSE

AMPTHILL AVENUE

BENONI

Postal Code 1501

Is Application lodged by a person in a state institution? Yes ☒ No ☐

Proof of discharge to be provided before payment can be effected.

Citizenship : SOUTH AFRICAN

Recipient : PERSONAL(SELF)

Spousal Relationship Status : WIDOW/WIDOWER

ID Number of Spouse : 0

Spouse Date of Birth : 0

**SECTION B: METHOD OF PAYMENT**

Method of payment : BANK (BANKSERV)

Personal Bank Account Details

Bank Name : ABSA BANK : ABSA ELECTRONIC SE

Name of Account Holder : MS VAN WYK

Account Type : Branch Code : 632005 Account Number : 9262995917

M/S

ASSETS (For grants for Older Persons, War Veterans &amp; Disabled only)

Property					
(Occupied)	Municipal Value .....	>	R 0	R 0	R 0
(Not-Occupied)	Municipal Value .....	>	R 0	R 0	R 0
	Outstanding Bond .....	>	R 0	R 0	R 0
Cash/Investments	Cash/Investments/Bonds or Loans .....	>	R 0	R 0	R 0
	Outstanding debts in favour of applicant&/or spouse .....	>	R 0	R 0	R 0
	Shares, share capital or interest in assets .....	>	R 0	R 0	R 0
	Endowment policies after maturity date .....	>	R 0	R 0	R 0
	Cash in hand .....	>	R 0	R 0	R 0
	Property right .....	>	R 0	R 0	R 0
	Lump sum invested with aim of procuring Annuity ..	>	R 0	R 0	R 0
Assets Donated	.....	>	R 0	R 0	R 0
Date of donation	C C Y Y M M D D				
INCOME	(Taken into account for all Grant Types except Foster Child)				
	Compensation in cash or kind .....	>	R 0	R 0	R 0
	Profits, withdrawals or benefits from farm or Business .....	>	R 0	R 0	R 0
	Income from Trust/Inheritance .....	>	R 0	R 0	R 0
	Income from property rights .....	>	R 0	R 0	R 0
	Pension or Annuity .....	>	R 0	R 0	R 0
	Ex-Gratia payments received .....	>	R 0	R 0	R 0
	Rental Income .....	>	R 0	R 0	R 0
	Maintenance received .....	>	R 0	R 0	R 0
	Interest, Dividends .....	>	R 0	R 0	R 0
	Other (Specify) .....	>	R 0	R 0	R 0
	Income from SA or International Organisation .....	>	R 0	R 0	R 0
	.....	>	R 0	R 0	R 0
Income Donated	C C Y Y M M D D				
Date of donation	.....	>	R 0	R 0	R 0
PERMISSABLE	Medical Aid .....	>	R 0	R 0	R 0
DEDUCTIONS	Pension/ provident fund or retirement annuity contribution .....	>	R 0	R 0	R 0
	Tax .....	>	R 0	R 0	R 0
	UIF .....	>	R 0	R 0	R 0

R2L3 ✓

---

N.Y.S



1

2

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6

I, the undersigned, hereby apply/ apply on behalf of the Applicant,  
declare that:

a) Particulars furnished on this form including financial details/ ~~annexures~~ are to the best of my knowledge and believe true and correct;

b) I am aware that any false declaration is punishable by law;

c) I undertake to notify SASSA of any change in my circumstances/ ~~circumstances~~ of the Applicant relating to this application;

d) The address provided is valid and complete address to where all official notification will be sent;

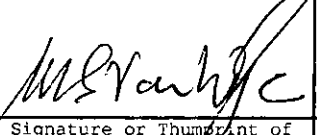
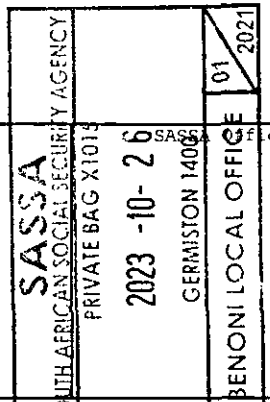
e) I under take to notify SASSA of any change in my/ the Applicants address

f) I am/ the Applicant is not maintained in a state funded institution;

I hereby \*give / \*~~do not give~~ consent to SASSA to confirm my financial standing with any financial institution on terms of regulation 30 to the Social Assistance Act, 13 of 2004.

I further \*give / \*~~do not give~~ consent under Section 68(5)(b) of the Tax Administration Act, 2011, that the South African Revenue Services (SARS) may disclose information to SASSA to confirm my financial standing with SARS.

\* delete that which is not applicable

		283-10-26	
Signature or Thumbprint of Applicant		Date	
Left Thumbprint		Right Thumbprint	
Remarks			

The above statement was explained to the Applicant/Procurator and ~~he~~ she is satisfied with the contents thereof.


The Applicant/Procurator was asked the following questions:

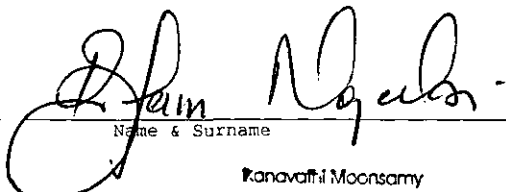
a) Are you conversant with the contents of the above declaration and do you understand it? ~~Yes~~ A! No

b) Do you have any objection to taking the oath/declaration? Yes A! ~~No~~

c) Do you regard the oath/declaration as binding on your conscience? ~~Yes~~ A! No

Thus signed and sworn / confirmed to on this 26 OCTOBER 2023 at 20, the deponent having acknowledge that he / she knows and understands the contents of this affidavit, has no objection to taking the oath / affirm the affidavit, having sworn / confirmed that the contents thereof are true and correct and that he / she considers the oath / ~~declaration~~ to be binding on ~~her~~ / her conscience

  
Signature: \_\_\_\_\_  
Attesting Officer

  
Name & Surname  
Kanavalli Moonsamy

Signature: \_\_\_\_\_  
Name & Surname



\_\_\_\_\_



A2938643  
DEPARTMENT HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

83/BI - 5

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

# IDENTITY/IDENTITEIT

IDNO.:  
IDNR: 400408 0078 08 0

SURNAME:  
VAN VAN WYK

FIRST NAME:  
VOORNAME: MAGDELENA SUSANNA

DATE OF BIRTH:  
GEBOORTEDATUM: 1940-04-08

DATE ISSUED:  
DATUM UITGEREIK: 2007-08-28

ISSUED BY  
UITGEREIK DEUR: YDP226

OFFICE CODE :

(VALID FOR 3 MONTHS FROM DATE OF ISSUE)  
(GELDIG VER 3 MAANDE VANAF UITREIKINGSDATUM)



SOUTH AFRICAN POLICE SERVICE
SUPPLY CHAIN MANAGEMENT
BOKSBURG
2023 -13- 23
EASTRAND
SUID AFRIKAANSE POLISIEDIENS

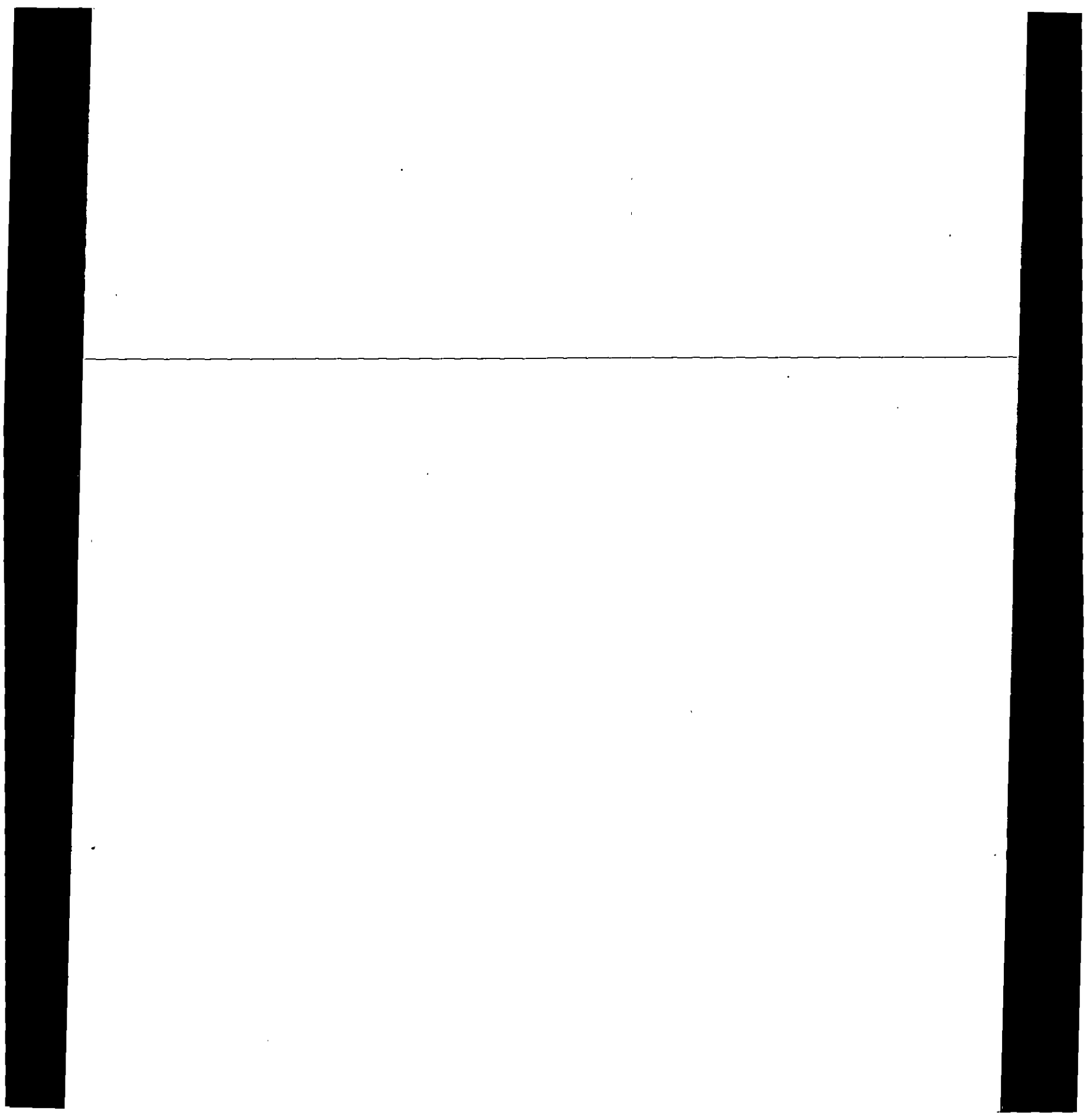
I CERTIFY  
ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION  
FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR  
CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

MAGSNO MER  
FORCE NO. 9209470  
NAAM IN  
NAME IN P. MARSH

HANDTEKENING/SIGNATURE

RANG

887





C 0977461

REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

## DEATH CERTIFICATE

## STERFTESERTIFIKAAT

(Issued in terms of the regulations made under Act 81 of 1963)

(Uitgereik kragtens die regulasies uitgevaardig onder Wet 81 van 1963)

Identity number  
Identiteitsnommer

3 8 0 9 1 7 5 1 0 4 0 0 0

Surname

Van

Van Hylk

Forenames in full

Volle voorname

Nicolaas Meyer

Date of birth  
Gebortedatum

Day

Dag

17

Month

Maand

09

Year

Jaar

1938

Sex

Geslag

Manlik

Population group

Bevolkingsgroep

Blank

Marital status

Huwelikstoestand

Getroud

Date of death

Datum van afsterwe

Day

Dag

11

Month

Maand

05

Year

Jaar

1991

Place of death (town/city)

Plek van afsterwe (dorp stad)

Bosburg

Cause of death

Oorsaak van dood

Septic Shock and Dehydration

SUID-AFRIKA

STASIEBEVEGELING

1991-05-14

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

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SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

SOUTH AFRICAN POLICE

Penelope WBOU9537 TSUAK  
Registrar/Assistant Registrar of Deaths  
Registrateur/Assistent-registrateur van Sterfgevallen

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SOUTH AFRICAN POLICE SERVICE  
SUPPLY CHAIN MANAGEMENT  
BOKSPURG  
2023-10-23  
EASTRAND  
SUID AFRIKAANSE POLISIEDIENS

## SAVINGS ACCOUNT STATEMENT

2023/10/23

To confirm this statement call  
08600 08600 and select option 5

Absa Bank Ltd

TERMINAL : BOKSBURG BRANCH 7      TERMINAL NUMBER: 12923  
 DATE : 2023/10/23      TIME : 11:27:16  
 SEQUENCE NUMBER: 002139  
 CARD NUMBER : \*\*\*\*\*7018

MRS MS VAN WYK  
 EDDY HOUSE E6 METHODIST HOME  
 133 AMPTHILL AVENUE  
 BENONI  
 1501

ACCOUNT NUMBER : 0092 6299 5917  
 ACCOUNT STATUS : OPEN  
 BALANCE : 359.25+  
 AVAILABLE BALANCE : 243.35+

STATEMENT FOR PERIOD 01/07/2023 TO 23/10/2023

DATE	TRAN DESCRIPTION	REFERENCE	AMOUNT	BALANCE
	BALANCE B/FORWARD			991.19+
03/07/23	ADMIN FEE	EST RAND MAL	0.00+	991.19+
	ADMINISTRATION FEE		40.00-	951.19+
05/07/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	951.19+
	SMS NOTIFICATIONS =	0007		
	NOTIFICATION FEE		4.20-	946.99+
09/07/23	POS PURCHASE	SETTLEMENT/C	200.00-	746.99+
	015293025540 erns Carnival Mal			
	TRANSACTION CHARGE		1.00-	745.99+
	(EFFECTIVE 07/07/23)			
	CARD NO. 7018			
09/07/23	POS PURCHASE	SETTLEMENT/C	150.00-	595.99+
	015293025539 erns Carnival Mal			
	TRANSACTION CHARGE		1.00-	594.99+
	(EFFECTIVE 07/07/23)			
	CARD NO. 7018			
14/07/23	POS PURCHASE	SETTLEMENT/C	88.95-	506.04+
	066987028583 perspar Boksburg			
	TRANSACTION CHARGE		1.00-	505.04+
	(EFFECTIVE 12/07/23)			
	CARD NO. 7018			
17/07/23	CARDLESS CASH DEP	CORNUBIA BRA	600.00+	1 105.04+
	REF: margaret			
	CASH DEPOSIT FEE		15.00-	1 090.04+
	CELL NR: 0730763285			
18/07/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	1 090.04+
	SMS NOTIFICATIONS =	0003		
	NOTIFICATION FEE		1.80-	1 088.24+
20/07/23	POS PURCHASE	SETTLEMENT/C	547.78-	540.46+
	003579133001 perspar Parkrand			
	TRANSACTION CHARGE		1.00-*	540.46+
	(EFFECTIVE 19/07/23)			
	CARD NO. 7018			
21/07/23	TRAN FEE RECOVERED	EST RAND MAL	0.00+	540.46+
	TRAN FEE RECOVERED		1.00-	539.46+
21/07/23	POS PURCHASE	SETTLEMENT/C	69.99-	469.47+
	190723150802 icks Parkrand			
	TRANSACTION CHARGE		1.00-	468.47+
	(EFFECTIVE 19/07/23)			
	CARD NO. 7018			
25/07/23	CARDLESS CASH DEP	HILLCREST 2	600.00+	1 068.47+
	REF: hayden			
	CASH DEPOSIT FEE		15.00-	1 053.47+
	CELL NR: 0730763285			



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## SAVINGS ACCOUNT STATEMENT

2023/10/23

To confirm this statement call  
08600 08600 and select option 5

Absa Bank Ltd

TERMINAL : BOKSBURG BRANCH 7      TERMINAL NUMBER: 12923  
DATE : 2023/10/23      TIME : 11:27:16  
SEQUENCE NUMBER: 002139  
CARD NUMBER : \*\*\*\*\*7018

ACCOUNT NUMBER : 0092 6299 5917

01/07/2023 TO 23/10/2023

DATE	TRAN DESCRIPTION	REFERENCE	AMOUNT	BALANCE
25/07/23	POS PURCHASE	SETTLEMENT/C	148.83-	904.64+
	068571029288 perspar Boksburg			
	TRANSACTION CHARGE		1.00-	903.64+
	(EFFECTIVE 23/07/23)			
	CARD NO. 7018			
28/07/23	DIRECT CREDIT	SETTLEMENT/C	1 000.00+	1 903.64+
	WILLIAM			
01/08/23	POS PURCHASE	SETTLEMENT/C	199.60-	1 704.04+
	043460840521 TELITE FAST FOODS			
	TRANSACTION CHARGE		1.00-	1 703.04+
	(EFFECTIVE 28/07/23)			
	CARD NO. 7018			
03/08/23	ADMIN FEE	EST RAND MAL	0.00+	1 703.04+
	ADMINISTRATION FEE		40.00-	1 663.04+
04/08/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	1 663.04+
	SMS NOTIFICATIONS = 0007			
	NOTIFICATION FEE		4.20-	1 658.84+
08/08/23	FULL STATEMENT	BOKSBURG BRA	0.00+	1 658.84+
	STATEMENT FEE		20.00-	1 638.84+
	CARD NO. 7018			
08/08/23	POS PURCHASE	SETTLEMENT/C	89.13-	1 549.71+
	004287113444 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	1 548.71+
	(EFFECTIVE 06/08/23)			
	CARD NO. 7018			
09/08/23	POS PURCHASE	SETTLEMENT/C	819.26-	729.45+
	PN0808144043 P MM Lakefield			
	TRANSACTION CHARGE		1.00-*	729.45+
	(EFFECTIVE 08/08/23)			
	CARD NO. 7018			
10/08/23	TRAN FEE RECOVERED	EST RAND MAL	0.00+	729.45+
	TRAN FEE RECOVERED		1.00-	728.45+
16/08/23	CARDLESS CASH DEP	WATERCREST M	600.00+	1 328.45+
	REF: MARGARET			
	CASH DEPOSIT FEE		15.00-	1 313.45+
	CELL NR: 0730763285			
18/08/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	1 313.45+
	SMS NOTIFICATIONS = 0002			
	NOTIFICATION FEE		1.20-	1 312.25+
18/08/23	POS PURCHASE	SETTLEMENT/C	39.13-	1 273.12+
	002702533147 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	1 272.12+
	(EFFECTIVE 17/08/23)			
	CARD NO. 7018			
19/08/23	POS PURCHASE	SETTLEMENT/C	890.55-	381.57+
	170823160555 icks Parkrand			
	TRANSACTION CHARGE		1.00-*	381.57+
	(EFFECTIVE 17/08/23)			
	CARD NO. 7018			
20/08/23	TRAN FEE RECOVERED	EST RAND MAL	0.00+	381.57+
	TRAN FEE RECOVERED		1.00-	380.57+
22/08/23	POS PURCHASE	SETTLEMENT/C	201.10-	179.47+
	055379108019 perspar Boksburg			
	TRANSACTION CHARGE		1.00-*	179.47+
	(EFFECTIVE 20/08/23)			
	CARD NO. 7018			
23/08/23	TRAN FEE RECOVERED	EST RAND MAL	0.00+	179.47+
	TRAN FEE RECOVERED		1.00-	178.47+



## SAVINGS ACCOUNT STATEMENT

2023/10/23

To confirm this statement call  
08600 08600 and select option 5

Absa Bank Ltd

TERMINAL : BOKSBURG BRANCH 7      TERMINAL NUMBER: 12923  
DATE : 2023/10/23      TIME : 11:27:16  
SEQUENCE NUMBER: 002139  
CARD NUMBER : \*\*\*\*\*7018

ACCOUNT NUMBER : 0092 6299 5917

01/07/2023 TO 23/10/2023

DATE	TRAN DESCRIPTION	REFERENCE	AMOUNT	BALANCE
26/08/23	CARDLESS CASH DEP	WATERCREST M	600.00+	778.47+
	REF: HAYDEN			
	CASH DEPOSIT FEE		15.00-	763.47+
	CELL NR: 0730763285			
28/08/23	DIRECT CREDIT	SETTLEMENT/C	1 000.00+	1 763.47+
	WILLIAM			
31/08/23	POS PURCHASE	SETTLEMENT/C	411.36-	1 352.11+
	003155314925 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	1 351.11+
	(EFFECTIVE 30/08/23)			
	CARD NO. 7018			
03/09/23	ADMIN FEE	EST RAND MAL	0.00+	1 351.11+
	ADMINISTRATION FEE		40.00-	1 311.11+
05/09/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	1 311.11+
	SMS NOTIFICATIONS = 0007			
	NOTIFICATION FEE		4.20-	1 306.91+
05/09/23	POS PURCHASE	SETTLEMENT/C	97.13-	1 209.78+
	000029972129 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	1 208.78+
	(EFFECTIVE 03/09/23)			
	CARD NO. 7018			
12/09/23	POS PURCHASE	SETTLEMENT/C	400.00-	808.78+
	456309056401 t Carnival City			
	TRANSACTION CHARGE		1.00-*	808.78+
	(EFFECTIVE 09/09/23)			
	CARD NO. 7018			
12/09/23	TRAN FEE RECOVERED	EST RAND MAL	0.00+	808.78+
	TRAN FEE RECOVERED		1.00-	807.78+
12/09/23	POS PURCHASE	SETTLEMENT/C	200.00-	607.78+
	015293010188 erns Carnival Mal			
	TRANSACTION CHARGE		1.00-	606.78+
	(EFFECTIVE 09/09/23)			
	CARD NO. 7018			
13/09/23	POS PURCHASE	SETTLEMENT/C	150.00-	456.78+
	043597299562 TELITE FAST FOODS			
	TRANSACTION CHARGE		1.00-	455.78+
	(EFFECTIVE 09/09/23)			
	CARD NO. 7018			
13/09/23	POS PURCHASE	SETTLEMENT/C	207.99-	247.79+
	SC0912162518 eckersHyper Boksb			
	TRANSACTION CHARGE		1.00-	246.79+
	(EFFECTIVE 12/09/23)			
	CARD NO. 7018			
15/09/23	POS PURCHASE	SETTLEMENT/C	113.43-	133.36+
	000530740836 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	132.36+
	(EFFECTIVE 14/09/23)			
	CARD NO. 7018			
16/09/23	CARDLESS CASH DEP	WATERCREST M	600.00+	732.36+
	REF: MARGARET			
	CASH DEPOSIT FEE		15.00-	717.36+
	CELL NR: 0730763285			



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## SAVINGS ACCOUNT STATEMENT

2023/10/23

To confirm this statement call  
08600 08600 and select option 5

Absa Bank Ltd

TERMINAL : BOKSBURG BRANCH 7      TERMINAL NUMBER: 12923  
DATE : 2023/10/23      TIME : 11:27:16  
SEQUENCE NUMBER: 002139  
CARD NUMBER : \*\*\*\*\*7018

ACCOUNT NUMBER : 0092 6299 5917

01/07/2023 TO 23/10/2023

DATE	TRAN DESCRIPTION	REFERENCE	AMOUNT	BALANCE
17/09/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	717.36+
	SMS NOTIFICATIONS =	0006		
	NOTIFICATION FEE		3.60-	713.76+
22/09/23	CARDLESS CASH DEP	WATERCREST M	600.00+	1 313.76+
	REF: HAYDEN			
	CASH DEPOSIT FEE		15.00-	1 298.76+
	CELL NR: 0730763285			
22/09/23	POS PURCHASE	SETTLEMENT/C	256.26-	1 042.50+
	003086945613 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	1 041.50+
	(EFFECTIVE 21/09/23)			
	CARD NO. 7018			
23/09/23	POS PURCHASE	SETTLEMENT/C	287.98-	753.52+
	003191524118 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	752.52+
	(EFFECTIVE 22/09/23)			
	CARD NO. 7018			
24/09/23	POS PURCHASE	SETTLEMENT/C	275.50-	477.02+
	220923142215 icks Parkrand			
	TRANSACTION CHARGE		1.00-	476.02+
	(EFFECTIVE 22/09/23)			
	CARD NO. 7018			
26/09/23	DIRECT CREDIT	SETTLEMENT/C	1 000.00+	1 476.02+
	WILLIAM			
27/09/23	POS PURCHASE	SETTLEMENT/C	67.98-	1 408.04+
	230923153220 icks Parkrand			
	TRANSACTION CHARGE		1.00-	1 407.04+
	(EFFECTIVE 23/09/23)			
	CARD NO. 7018			
30/09/23	POS PURCHASE	SETTLEMENT/C	55.99-	1 351.05+
	280923124211 icks Parkrand			
	TRANSACTION CHARGE		1.00-	1 350.05+
	(EFFECTIVE 28/09/23)			
	CARD NO. 7018			
30/09/23	POS PURCHASE	SETTLEMENT/C	265.00-	1 085.05+
	000001211019 SOLUTE PETS KINGF			
	TRANSACTION CHARGE		1.00-	1 084.05+
	(EFFECTIVE 28/09/23)			
	CARD NO. 7018			
30/09/23	POS PURCHASE	SETTLEMENT/C	340.07-	743.98+
	006247945702 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	742.98+
	(EFFECTIVE 29/09/23)			
	CARD NO. 7018			
01/10/23	POS PURCHASE	SETTLEMENT/C	129.24-	613.74+
	000011582371 Centrum Pharmacy			
	TRANSACTION CHARGE		1.00-	612.74+
	(EFFECTIVE 29/09/23)			
	CARD NO. 7018			
03/10/23	ADMIN FEE	EST RAND MAL	0.00+	612.74+
	ADMINISTRATION FEE		40.00-	572.74+
03/10/23	4 LINE MINI STMNT	BP GLENWOOD	0.00+	572.74+
	STATEMENT FEE		10.00-	562.74+
	CARD NO. 7018			



## SAVINGS ACCOUNT STATEMENT

2023/10/23

To confirm this statement call  
08600 08600 and select option 5

Absa Bank Ltd

TERMINAL : BOKSBURG BRANCH 7  
DATE : 2023/10/23  
SEQUENCE NUMBER: 002139  
CARD NUMBER : \*\*\*\*\*7018

TERMINAL NUMBER: 12923  
TIME : 11:27:16

ACCOUNT NUMBER : 0092 6299 5917

01/07/2023 TO 23/10/2023

DATE	TRAN DESCRIPTION	REFERENCE	AMOUNT	BALANCE
05/10/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	562.74+
	SMS NOTIFICATIONS = 0011			
	NOTIFICATION FEE		6.60-	556.14+
13/10/23	POS PURCHASE	SETTLEMENT/C	143.07-	413.07+
	SC1012162605 eckersHyper Boks			
	TRANSACTION CHARGE		1.00-	412.07+
	(EFFECTIVE 12/10/23)			
	CARD NO. 7018			
13/10/23	POS PURCHASE	SETTLEMENT/C	39.98-	372.09+
	PFMkps715961 DIRITE PARKLANDS			
	TRANSACTION CHARGE		1.00-	371.09+
	(EFFECTIVE 12/10/23)			
	CARD NO. 7018			
16/10/23	CARDLESS CASH DEP	WATERCREST M	600.00+	971.09+
	REF: MARGARET			
	CASH DEPOSIT FEE		15.00-	956.09+
	CELL NR: 0730763285			
17/10/23	POS PURCHASE	SETTLEMENT/C	175.27-	780.82+
	021095009525 perspar Boksburg			
	TRANSACTION CHARGE		1.00-	779.82+
	(EFFECTIVE 14/10/23)			
	CARD NO. 7018			
18/10/23	NOTIFIC FEE SMS	NOTIFYME	0.00+	779.82+
	SMS NOTIFICATIONS = 0003			
	NOTIFICATION FEE		1.80-	778.02+
20/10/23	POS PURCHASE	SETTLEMENT/C	150.09-	627.93+
	002699744053 perspar Parkrand			
	TRANSACTION CHARGE		1.00-	626.93+
	(EFFECTIVE 19/10/23)			
	CARD NO. 7018			
21/10/23	POS PURCHASE	SETTLEMENT/C	246.68-	380.25+
	191023161847 icks Parkrand			
	TRANSACTION CHARGE		1.00-	379.25+
	(EFFECTIVE 19/10/23)			
	CARD NO. 7018			
23/10/23	FULL STATEMENT	BOKSBURG BRA	0.00+	379.25+
	STATEMENT FEE		20.00-	359.25+
	CARD NO. 7018			
	ACCRUED INTEREST	AT 23/10/23	0.00+	
	ACCRUED BONUS	AT 23/10/23	0.00+	

END OF ENQUIRY

23/10/23

0092 6299 5917

CHANGE YOUR CARD LIMITS ANY TIME ON THE ABSA BANKING APP OR ONLINE BANKING  
\*\*\* END OF STATEMENT \*\*\*





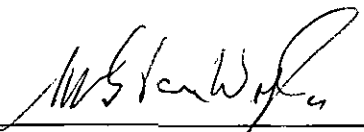
**Note: Must be completed if the Beneficiary / Applicant wants his/her grant to be paid into a Bank Account**

Personal Details of Beneficiary/Applicant																
Surname	V	A	N	W	I	K										
Full names	M	A	G	D	E	L	E	N	A	S	U	S	A	N	N	A
ID Number	4	0	0	4	0	8	0	0	7	8	0	8	0			
Residential Address	133 AMPHILL AVE EG EDDY HOUSE METHODIST H A															
													Code	1501		
Cellphone No	0	8	2	7	0	8	7	8	2	2	073 997 1074					
Email Address	lyndenemarilli@gmail.com															

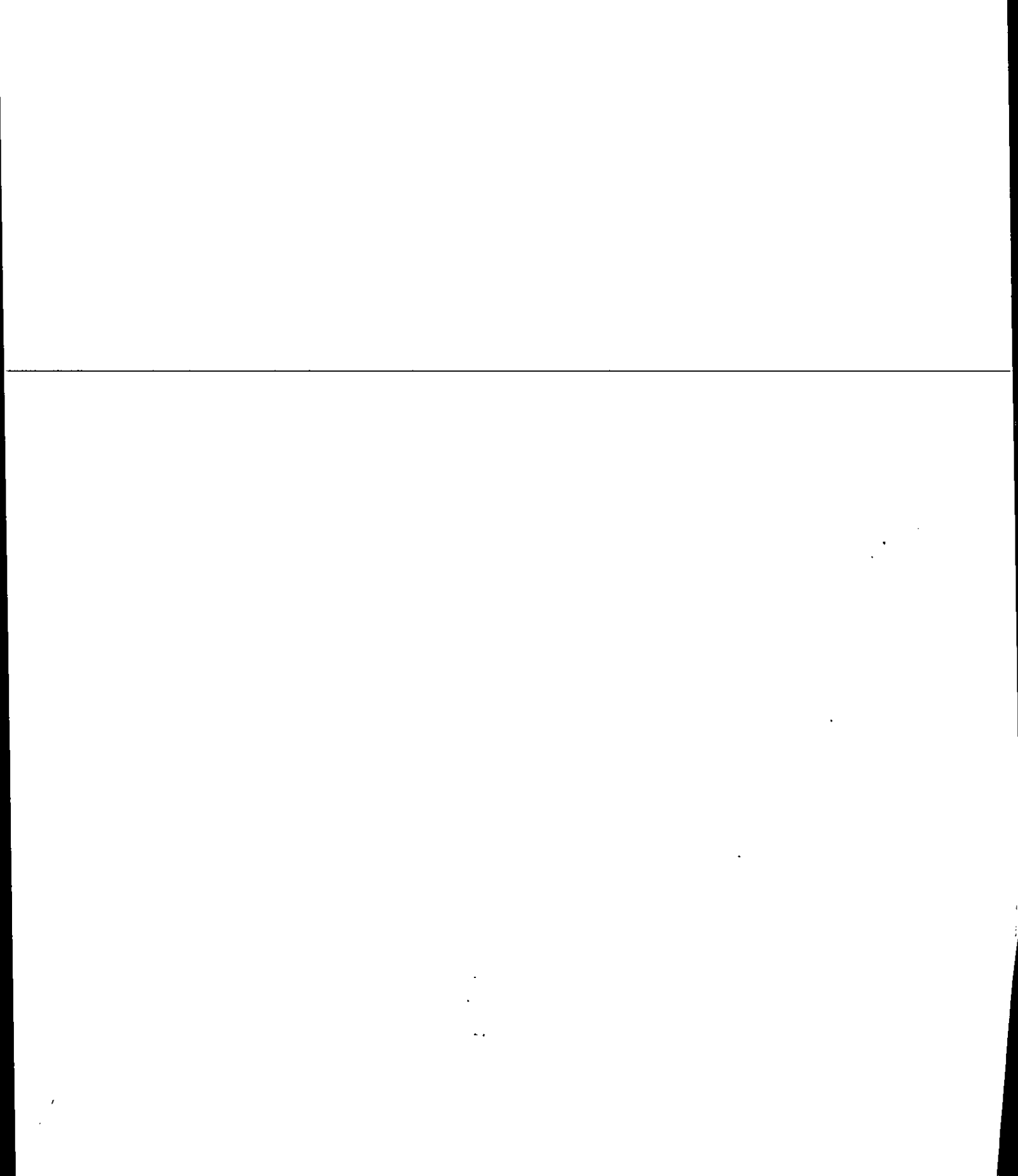
Banking Details of Beneficiary/Applicant															
Name of Bank	ABSA														
Branch Code	6	3	2	0	0	5	Type of Account	Cheque	Savings	<input checked="" type="checkbox"/>	Transmission				
Account Number	0	0	9	2	6	2	9	9	5	9	1	7			

I, the above mentioned Beneficiary / Applicant, hereby confirm that my personal details and banking details are true and correct and that I hereby consent without prejudice, as the true account holder of this account, to the following conditions:

- 1 SASSA to pay my social grant into the bank account I provided above.
- 2 SASSA can verify my details with my bank or any organisation at any time.
- 3 I confirm that the account is in my name, and is not a joint account.

	Date 20231026
	Signature of Beneficiary / Applicant

**NB: This form to be accompanied by any document from the bank that depicts the beneficiary / applicant account number such as a bank statement or proof of account**



## DECLARATION AND CONSENT BY BENEFICIARY / PROCURATOR: GRANT REVIEW

Please read this declaration carefully and provide the mandatory consent to enable the processing of your application.

I, hereby review/ review on behalf of the beneficiary for the grant(s) as per Regulation 27 to the Social Assistance Act, 2004.

If I review on behalf of another person ('Beneficiary'), I confirm that I have the necessary authority to provide the Personal Information of the Beneficiary and agree to this declaration and consent, on behalf of the Beneficiary and that I will inform the Beneficiary of the outcome of the review.

1. I declare that:

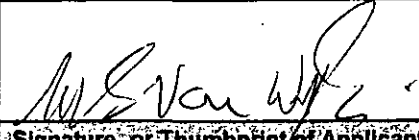
1.1. I am / the Beneficiary is:

- 1.1.1. a South African Citizen, Permanent Resident or Refugee registered on the Home Affairs database;
- 1.1.2. currently residing within the borders of the Republic of South Africa;
- 1.1.3. confirming that particulars furnished (manually or electronically) on this application including financial details and required documents are to the best of my knowledge and belief true and correct;
- 1.1.4. not a resident in a government funded or subsidised institution;
- 1.1.5. aware that any false declaration is punishable by law;
- 1.1.6. undertaking to notify SASSA of any changes in my circumstances/ circumstances of beneficiary;
- 1.1.7. confirming that postal address and banking details (if applicable) provide are accurate, correct and current;
- 1.1.8. confirming that in the event I/the Beneficiary is receiving Grant in Aid, I /the Beneficiary is not maintained in a state subsidized institution
- 1.1.9. confirming that I/Beneficiary is not maintained in a state funded institution
- 1.1.10. aware of my rights to appeal in the case that I disagree with an adverse decision taken by SASSA

- 2. I hereby give consent to SASSA to confirm my financial standing with any financial institution in terms of Regulation 30 to the Social Assistance Act, 13 of 2004.
- 3. I further give consent under Section 68(5)b) of the Tax Administration Act, 2011 that the South African Revenue Services (SARS) may disclose information to SASSA to confirm my financial standing with SARS.
- 4. I hereby give consent to any department, Agency, institution or organisation to disclose information to SASSA to confirm my financial standing or personal details, at any time as SASSA may request.
- 5. I do understand that any future encounter that I will have with SASSA may be utilised as a grant review and further understand that outcomes of such an encounter may be adverse, in case the outcome is adverse I do understand my rights to appeal as provided in the social assistant regulations.

6. I hereby give consent to SASSA to regard any cell phone numbers and email address provided by me as alternative official means to be utilised by SASSA for any purpose listed below :

6.1 Sending through any communication between SASSA and Myself regarding the outcome of my grant and related requests from SASSA

  
Signature or Thumbprint of Applicant/ Beneficiary

Date 2023-10-26

I, the undersigned

Surname	VAN WYK														
Full names	MARGARET SUSANNA														
Identity Number	400 408 0078 09 KO														
Residing at (physical address)	36 EDDY HOUSE. 133 AMPHILL AVE Ben.														
											Postal Code				

Do hereby state under oath that I am applying for an Older Person's grant. I confirm that I am not residing in an institution funded by the state.

Marital Status (mark appropriate box with X)							
Married				Unmarried			
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow <input checked="" type="checkbox"/> Widower
							Deserted > 3 months

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

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

If applicant has more than one spouse, indicate details of each spouse on the back of this form.

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
Reason	Reason	Reason
Reason	Reason	Reason

Sources of Income	(mark X in applicable box)			
Type of Income/Profits	Self	Spouse	Dependant Child	N/A
Salary or wage				<input checked="" type="checkbox"/>
Profits, Withdrawals or other Benefits from a Business / Farm (owned)				<input checked="" type="checkbox"/>
Payments from a Trust or Inheritance				<input checked="" type="checkbox"/>
Payment from Property Rights				<input checked="" type="checkbox"/>
Pension or Annuity				<input checked="" type="checkbox"/>
Ex-Gratia Payments Received				<input checked="" type="checkbox"/>
Rental Income				<input checked="" type="checkbox"/>
Profits, Withdrawals, or other Benefits from a Business / Farm (rented)				<input checked="" type="checkbox"/>
Income from Assets (interest / dividends)				<input checked="" type="checkbox"/>
Income from any RSA or International Organisation				<input checked="" type="checkbox"/>

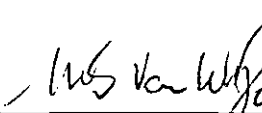

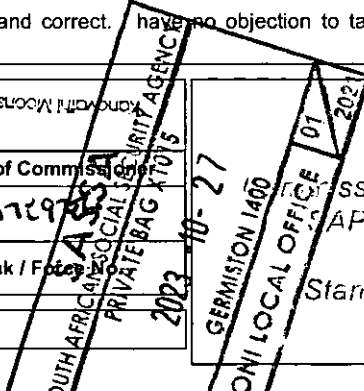
If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive

DAUGHTER SUPPORT ME.

Declaration of my / my spouse or partner's Assets (mark appropriate Box/es with X)											
Immovable property owned / held under leasehold (not occupied)	Immovable property owned / held under leasehold (occupied)	Investments, bonds, loans, outstanding debts due to you	Shares, share capital, interest in assets in a company / institution	Endowment policies after maturity or cash in hand	Property rights	Lump sum invested in order to procure an annuity	1 / we do not own ANY assets				
Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant				
Spouse	Spouse	Spouse	Spouse	Spouse	Spouse	Spouse	Spouse				

### 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 / thumb print was placed in my presence.	Signature: Commissioner of Oaths 	Name of Commissioner / Rank / Foter	Stamp 
			Date 2023 Y 10 M 26 D	

BOOK EN POSSES

REGISTERED WOON- EN

...niet, of indien besonderhede van u  
...en/of -nommer, ens. verander het  
...ING VAN ADRESVERANDERING, wat  
...document is, gebruik word om die  
...dient di ingesien word by of gepos word  
...voor van die DEPARTEMENT VAN

RESIDENTIAL AND POSTAL ADDRESS

YOUR REGISTERED RESIDENTIAL AND  
POCKET

...your address, or if particulars of your  
...of street and/or street number, etc., have  
...OF CHANGE OF ADDRESS form in the  
...identity document must be used to report  
...handed in at or posted to the nearest  
...DEPARTMENT OF HOME AFFAIRS

100-100 0078 00 0

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

VAN WYK

VOORNAME/FORENAMES

MAGDELENA SUSANNA

GEBORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/  
DATE OF BIRTH

1940-04-08



DATUM UITGEREIK  
DATE ISSUED

2007-10-09

UITGEREIK OP BEGAD VAN DIE  
DIRKTEUR-GENERAAL  
BINNELANDSE SAKS

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

I carry this document  
...was examined by  
...of the original  
...SIGNATURE  
...of the  
...by  
...of the  
...of the