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File Coversheet

BRM File Number:

14076390

Documents updated.

2022/07/25

Approved - Main

Rejected - Archive

Leave Correspondence

x

Review



PINKY ELSIE NGOBESE

Gauteng

Transaction Date:

Date Last Reviewed: 2014/10/24

6302090468087

Child Support Grant

2022/06/24

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

Particulars of Assets

6302090468087(Id)

GAUC17067871

14076390



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FILE COPY

6302090468087

PE NGOBESE

281 CORNWELL STR
EXT 7
LANGAVILLE
1550

REGIONAL EXECUTIVE
MANAGER

SASSA

PRIVATE BAG X120

MARSHALLTOWN

2107

Tel : 011 241 8300

Fax : 011 241 8301

2022-06-24

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 20220624 in respect of 2205190973086 MPILWENHLE PRIN KUNENE 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: 2022-07

FIRST AMOUNT PAYABLE : R 592.00

MONTHLY AMOUNT : 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 Tribunal. Your appeal application using Form 1 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

S A S S A	
PRIVATE BAG X1015	
2022 -06- 24	
GERMISTON 1400	
GAUTENG REGION SPRINGS L/OFFICE	04

P.E.

CSG DOCUMENT CHECKLIST

Cl at 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
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
N			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



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Form No :700002736731

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: NGOBESE
Name(s): PINKY ELSIE
Application Date: 20220624
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 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.

Signature: Applicant / Procuree	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 decision 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><i>P.S. P.E.</i></p>		<p>SASSA Office stamp</p> <p>PRIVATE BANK</p> <p>2022-06-24</p> <p>GERMISTON</p> <p>GAUTENG REGION</p> <p>KWA-ZULU</p>

PS P.E

Form No : 700002736731

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 : 2205180973086

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

Surname : KUNENE

Name(s) : MPILWENHLE PRINCESS UNATHI

Date of Birth : 20220518 Gender : FEMALE

Applicant's relationship to child : PRIMARY CARE GIVER

Previous Beneficiary Id : 0

Is the child resident with you? : YES

Does the child attend school? : NO

Name of School :

P.S

P. E



Surname
KURBINE
 Names
PINKY ELSIE
 Sex:
F
 Nationality:
RSA
 Identity Number:
5302080468067
 Date of Birth:
05 FEB 1963
 Country of Birth:
RSA
 Status:
CITIZEN



Signature _____
 R. [illegible]

**This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1967**

22 APR 2021

If found please return to the Department of Home Affairs
For integrity or verification purposes contact 0800 20 11 20



114836989



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

HANDTEKNIEN/SIGNATURE

ATTENTION
PAGE NUMBER

7136476

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BANKBANK Wells

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W-C: EHUNGLD

MAILED IN DAY
COPY IN PRINT

SOUTH AFRICAN POLICE

COMMUNITY SERVICE CENTRE

2822 -35- 20

EKURHULENI DISTRICT
KWA THEMA

P.E.

Certified as a true copy of the original document on which no changes have been made by an unauthorised person

Rank _____ Date 2022/07/01

South African Social Security Agency (SASSA)

S A S S A	
PRIVATE BAG X1015	
2022 -07- 01	
GERMISTON 1400	
GAUTENG REGION KWA-THEMA L/OFFICE	04



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

BI-5

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

MARRIAGE/HUWELIK

IDNO. HUSBAND: 660517 5274 08 3
IDNR. MAN :

SURNAME: KUNENE
VAN :

FIRST NAMES: MANIKI FREDDIE
VOORNAME :

DATE OF BIRTH: 1966-05-17
GEBORTE DATUM:

IDNO. WIFE: 630209 0468 08 7
IDNR. VROU:

SURNAME: NGOBESE
VAN :

FIRST NAMES: PINKY ELSIE
VOORNAME :

DATE OF BIRTH: 1963-02-09
GEBORTE DATUM:

DATE OF MARRIAGE : 1995-01-12
DATUM VAN HUWELIK:

PLACE OF MARRIAGE:
PLEK VAN HUWELIK :

TYPE OF MARRIAGE: CIVIL
TIPE VAN HUWELIK:



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 9266180

83/DHA - 5



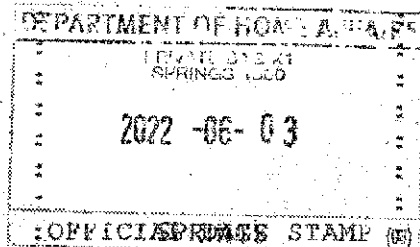
PARTICULARS FROM THE POPULATION REGISTER (R.O.):

BIRTH CERTIFICATE

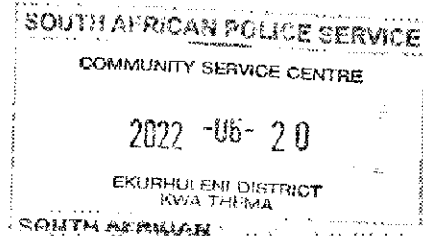
CHILD IDENTITY NUMBER: 2205180973086
SURNAME: KUNENE
FORENAMES: MPILWENILE PRINCESS UNAMI
GENDER: FEMALE DATE OF BIRTH: 2022-05-18
PLACE OF BIRTH: SPRINGS
COUNTRY OF BIRTH: SOUTH AFRICA
MOTHER: ID NUM/TRAVEL DOC: 0505270268087
MAIDEN/SURNAME: KUNENE
FORENAMES: NELISIWE PRINCESS
DATE OF BIRTH: 2005-05-27
PLACE OF BIRTH: TSAKANE
COUNTRY OF BIRTH: SOUTH AFRICA
FATHER: ID NUM/TRAVEL DOC:
SURNAME:
FORENAMES:
DATE OF BIRTH:
PLACE OF BIRTH:
COUNTRY OF BIRTH:
ENDORSEMENTS:
NONE

P.P. Pensece
DIRECTOR-GENERAL, HOME AFFAIRS

DATE OF ISSUE: 2022-06-03 BY: YDA422



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 A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.



HANDLED BY: SIGNATURE
MAGNOMMES 7136476-5 RANK 5047
NAME IN UPPERCASE N.C. KUNENE
NAME IN PRINT

P.E.



A 3815613
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

PARTICULARS FROM THE POPULATION REGISTER (R.O.)

BIRTH/GEBOORTE

IDNO.: 050527 0268 08 7
IDNR.:

SURNAME:
VAN: KUNENE

FIRST NAMES:
VOORNAME: NELISIWE PRINCESS

DATE OF BIRTH:
GEBOORTEDATUM: 2005-05-27

SEX:
GESLAG: FEMALE

COUNTRY OF BIRTH:
GEBOORTELAND: SOUTH AFRICA

DATE ISSUED:
DATUM UITGEREIK: 2005-06-08

ISSUED BY:
UITGEREIK DEUR: SPS227

IK VERSTANDIG DIT DOKUMENT AS 'N WAARHEDEGHEED. IK VERSTANDIG DIT DOKUMENT AS 'N WAARHEDEGHEED. IK VERSTANDIG DIT DOKUMENT AS 'N WAARHEDEGHEED. IK VERSTANDIG DIT DOKUMENT AS 'N WAARHEDEGHEED. IK VERSTANDIG DIT DOKUMENT AS 'N WAARHEDEGHEED.

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 A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

MONSTERKUNENI

MAGISTRAT
FORCE NUMBER: 7136476-5 RANG SCOT
NAAM IN DRUKSIF N.C. KHAMALO
NAME IN PRINT

SOUTH AFRICAN POLICE SERVICE

COMMUNITY SERVICE CENTRE

2022-06-20

EKURHULENI DISTRICT
KWA-THEMA

SOUTH AFRICAN POLICE SERVICE



AFFIDAVIT

FULL NAMES & SURNAME: PINKY ELsie KUNENE
 IDENTITY NUMBER: 630290468087 TEL NO: 073 507 4440
 RESIDING AT: 281 CORNWELL STREET EXT 7 LANGHAVILLE
 EMPLOYED AT / AS: UNEMPLOYED
 (BUSINESS ADDRESS): N/A WORK TELL NO: () N/A

STATE UNDER OATH IN ENGLISH:

I DECLAIR THAT I AM A BIOLOGICAL GRAND
MOTHER OF NIPILWENHLE PRINCESS UNIAM
KUNENE WITH I.D. NUMBER 220518093086. I
WOULD LIKE TO APPLY FOR A GRANT MONEY FOR
HIM SINCE HER MOTHER IS UNDER ARREST NEHSWE
PRINCESS KUNENE WITH I.D. NUMBER 0505270268087.

I know and understand the contents of this declaration
 I have no objection in taking the prescribed oath
 I consider the prescribed oath to binding on my conscience

P. Kunene

SIGNATURE

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPENDENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENT OF THIS STATEMENT.

THIS STATEMENT WAS SWORN/AFFIRMED TO BEFORE ME AND DEONENTS SIGNATURE/ RIGHT TUMB/ PRINT/MARK WAS PLACED IN MY PRESENCE AT (STATION): KWA-THEMA ON (DATE): 2022/06/20

7136476-5 N.C. Khumalo

COMMISSIONER OF OATH

N.C. Khumalo

FULL NAME

SOUTH AFRICAN POLICE SERVICE
 01 HABEDI STR
 TORNADO SECTION
 KWA-THEMA
 1575

SERGEANT

RANK:

SOUTH AFRICAN	SERVICE
COMMUNITY SERVICE CENTRE	
DATE STAMP 2022-06-20	
EKURHULENI DISTRICT KWA-THEMA	
SOUTH AFRICAN POLICE	



AFFIDAVIT

FULL NAME NEUSENE PRINCE KUNENE
IDENTITY NUMBER 0505270268087 TEL 069 536 4366
RESIDING AT 281 CORNWELL STR, EXT 07, LANGATHELE
EMPLOYED AS STUDENT
AT (BUSINESS ADDRESS) SPRINGS SECONDARY TEL N/A

STATES UNDER OATH IN ENGLISH:

I STATE THAT I AM A BIOLOGICAL
MOTHER OF MPTUWENHLE PRINCE
UNAMI WITH ID NO 2205180973
086. I AM GIVING MY MOTHER
PINKY ELSTE KUNENE WITH ID NO
6300090468087 PERMISSION TO APPLY
AND RECEIVE A CHILD SUPPORT
GRANT ON MY BEHALF BECAUSE
SHE IS THE ONE TAKING CARE
OF MY DAUGHTER.

I know and understand the contents of this declaration
I have no objection in taking the prescribed oath.
I consider the prescribed oath as binding on my conscience

SIGNATURE

I certify that the above statement was taken by me and that the dependent has acknowledged that he/she
knows and understands the content of this statement.
This statement was sworn/affirmed to before me and deponent's signature/right thumb print/mark was placed
in my presence at KWATHUM on 2022-06-22

COMMISSIONER OF OATHS

F. MOLIAT

FULL NAMES
BUSINESS ADDRESS
SOUTH AFRICAN POLICE SERVICES
WELGEDACHT ROAD
SPRINGS 1560

CST
RANK

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
2022 -06- 22
EKURHULENI DISTRICT KWA THOMA
SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT FOR A CHILD SUPPORT GRANT



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	KUNENE
Full names	PINKY ELSIE
Identity Number	8302090468087
Age	59
Residing at (physical address)	281 CORNWELL STREET EXT 7 LIVINGSTONE
Postal Code	1550

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

Name & Surname	MPILWENTHE KUNENE	Date of Birth	20000518
----------------	-------------------	---------------	----------

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

Name of Clinic / Hospital where child was born	NIN	ID number of Child	2000185913086
--	-----	--------------------	---------------

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	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months

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
Reason		Reason

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

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

UNEMPLOYED SURVIVE BY CSC

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	Rank / Force No.	Name of Commissioner	Date	Place	SASSA PRIVATE BAG X101 2022-06-24 GERMISTON 1400 GAUTENG REGION 04