



File Coversheet

CLM Number:
GAU002485019
BRM File Number:
F7350932



Temp Box Number:

Date: 10/17/2018 9:17:00 AM

Approved - Main

Rejected - Archive

Loose Correspondence

STATUS:

Non-Compliant

Transfer

Legal

Fraud

Debtors

Old Age Grant

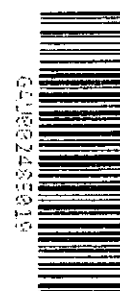
Gauteng

General Particulars

- | | |
|--|--|
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Decree of Divorce |
| <input type="checkbox"/> SASSA Affidavit Older Persons Grant | <input type="checkbox"/> Affidavit - Regulation 11 (1) |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Identity document of Client |
| <input type="checkbox"/> Identity document Spouse/Partner | |

Particulars of Income

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



Particulars of Assets

- | | |
|--|---|
| <input type="checkbox"/> Lump sum Invested in order to Procure an Annuity | <input type="checkbox"/> Property Rights |
| <input type="checkbox"/> Immovable Property owned / held under leasehold (occupied by client/spo | <input type="checkbox"/> Endowed Policies after Maturity or Cash in hand |
| <input type="checkbox"/> Immovable Property owned / held under leasehold (not occupied) | <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 | |



FILE COPY

5801040278083

S E SIFUNDZA

962 MEERKAT STREET
BORWA
WESTONARIA
1779REGIONAL EXECUTIVE
MANAGER
SASSA
PRIVATE BAG X120
MARSHALLTOWN
2107
Tel : 011 241 8300
Fax : 011 241 8301
2018-08-15

0 (PAYPOINT)

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 20180815 has been approved with effect from the date of your application. The amount payable and paypoint details are as follows. In the event of an arrear payment the amount will be included in the first payment that will be paid to you.

FIRST PAYMENT DUE DURING: 2018-09
FIRST AMOUNT PAYABLE : R 2616.77
MONTHLY AMOUNT : R 1690.00
PAYPOINT/POST OFFICE : 0 (PAYPOINT)
BANK DETAILS :

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.

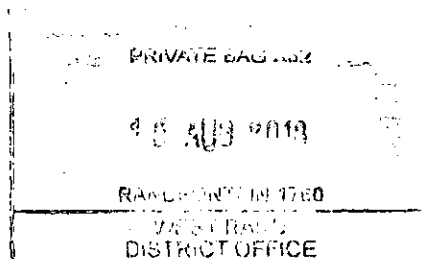
Any person who provides information which is to his or her knowledge untrue in order to obtain a grant makes him- or herself guilty of an offence. Please be aware that should you receive a grant which you are not entitled to, you will be expected to pay the total amount back to the Agency. Also note 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 a written application to the Agency, requesting the Agency to reconsider its decision in terms of Section 18(1) of the Act. If you fail to lodge an application within the 90 day time period, your application will not be considered. Your application must set out the reasons why the Agency should amend, vary or set aside its decision.

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

Yours faithfully,

REGIONAL EXECUTIVE MANAGER



STAMP OUT SOCIAL GRANT FRAUD AND CORRUPTION

CALL: 0800 601 011 OR 0800 701 701 This letter will be available in an official language of your choice on request, where applicable.

1 : APPROVAL: OLDER PERSON'S GRANT , ENGLISH

FILE COPY

5801040278083

S E SIFUNDZA

962 MEERKAT STREET
BORWA
WESTONARIA
1779

REGIONAL EXECUTIVE
MANAGER
SASSA
PRIVATE BAG X120
MARSHALLTOWN
2107
Tel : 011 241 8300
Fax : 011 241 8301
2018-08-15

0 (BRANCH)

Dear Sir/Madam

CHANGE OF PAYMENT INFORMATION OF GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004)

Your request to change your payment information refers.

Kindly be informed that your payment information has been changed as follows:

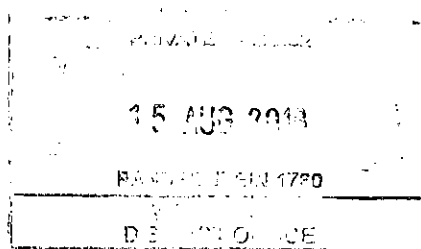
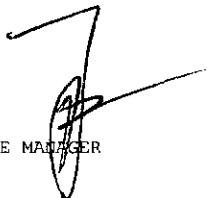
PAYPOINT/POST OFFICE: 0 (BRANCH)
BANK DETAILS : ACC NO: 0 BRANCH : 0
DATE : 2018-09

Should you be required to review your grant or to submit a life certificate, you will be informed in writing, three months prior to the review date or the date on which the life certificate is due. Subsequent to the review of your grant and taking your individual circumstances into consideration, your grant may be increased, decreased or suspended. Failure to review your grant or to submit a life certificate may lead to the suspension of your grant.

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

Yours faithfully,

REGIONAL EXECUTIVE MANAGER



STAMP OUT SOCIAL GRANT FRAUD AND CORRUPTION

CALL: 0800 601 011 OR 0800 701 701 This letter will be available in an official language of your choice on request, where applicable.

34 : CHANGE PAYMENT INFORMATION , ENGLISH

N					Page No: 1
N	Date From	Date To	Amount	Backpay	Months/Days
N	20180815	20180831	1,690.00	926.77	17

N
N
N
N
N
N

Monthly Amount	=	1,690.00		
Backpay Amount	=	926.77		
Total	=	2,616.77		
Pay Period	=	201809 September 2018	PF7=Pg.-	PF8=Pg.+

En
ENTR Pg. - Pg. + Pg. < Pg. > MAIN PREV



Form No :700001615042

GRANT APPLICATION RECEIPT

Social Assistance Act, 2004 (Act Number 13 of 2004)
The requirements below have been discussed with the applicant
and he/she understand the content thereof

SECTION A: APPLICANT

Surname: SIFUNDZA
Name(s): SIPHIWE
Identity Number: 5801040278083 Alternative ID Number : 5801040278083
ID Type: ID DOCUMENT

SECTION B: PROCURATOR

Surname:
Name(s):
ID No.: 0
Grant Type: OA
You are required to inform SASSA of any change in your and / or your spouse's / the applicant's circumstances
- financial and / or personal.

You are required to report any change in your address (residential and / or postal). Failure to keep SASSA informed of changes may result in you not receiving written communication from SASSA, which may result in your grant being suspended.

		2018/8/15	
Signature: Applicant / Procuretor		Date	
Left Thumbprint	Right Thumbprint		
Signature: Designated Verifying 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>STAMP OUT SOCIAL GRANT FRAUD AND CORRUPTION CALL: 0800 601 011 OR 0800 701 701</p>		<p>SASSA Official Stamp</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>SASSA</p> <p>PRIVATE BAG X32</p> <p>15 AUG 2018</p> <p>RANDFONTEIN 1760</p> <p>WEST RAND DISTRICT OFFICE</p> </div>	

Form No : 700001615042

GRANT APPLICATION FORM

Instructions on filling 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.
4. Y means Yes and N means No.

Type of Transaction: New Application ☒ Re-Applications ☐ Type of Grant ☒ FCG
FOR OFFICE USE ONLY

FORM COMPLETION		FORM CAPTURING		SYSTEM VERIFICATION	
Completed by:	Verified by:	2nd level verified by:			
SWANEPOEL	SWANEPOEL	NKATEKO			
Surname	Surname	Surname			
P76E0125	P76E0125	TSHITANGU			
User Id	User Id	User Id			
Signature	Signature	P76E0245			
Date	Date	Date			

Payment Information

Monthly Amount : R 1640.00
Arrear Amount : R 926.77
First payment of: R 2616.77
Payable in : 2018/09

Outcome Delivery Method

Letter of Outcome personally handed to Applicant ☒ N
Provide Registered post number, if letter not handed over :
Letter sent by :
Date :

SECTION A: PERSONAL DETAILS

Identification Type : ID DOCUMENT Gender : FEMALE
Refugee Expiry Date : 0 Temporary Id Expiry Date : 0
Identity Number : 5801040278083 Title : MISS
Alternative ID Number : 5801040278083 Attached Affidavit? : Y ☒
Receipt from Home Affairs available? Y ☐ N ☒ Date on Receipt :
Surname : SIFUNDZA
Full Names : SIPHIWE
Initials : S E
Applicant Cell Number : 0761723417
Correspondence Language : ISIXHOSA
Application Date : 20180915 20130517 0 0
Date of Birth : 19580104
Alt No : 5801040278083
Residence Code : 710600

Residential Address
962 MEERKAT STREET
BORWA

WESTONARIA
Postal Code 1779

Postal Address
962 MEERKAT STREET
BORWA

WESTONARIA
Postal Code 1779

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 : NEVER MARRIED
ID Number of Spouse : 0
Spouse Date of Birth : 0

SECTION B: PAYMENT DETAILS

Method of Payment : SASSA/SAPO
Paypoint : 0 Paypoint Name :
Post Office code :
Bank Payment Method (ACB)
Bank Name :
Name of Account Holder :
Account Type :
Branch Code : 0
Account Number : 0



SECTION C: FINANCIAL DETAILS

		: Applicant	Spouse/s	Dependant Child
ASSETS (For grants for Older Persons, War Veterans & Disability 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
Income Donated	R 0	R 0	R 0
Date of donation	C C Y Y M M D D			
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



Form No :700001615042

SECTION D: GRANT SPECIFIC REQUIREMENTS

Maintained by an Institution subsidised by the State? Y ☐ N ☒



DECLARATION BY APPLICANT (AFFIDAVIT)



I, the undersigned, hereby apply/ apply on behalf of the Applicant, for the grant as indicated on the application form and declare that:

- a) Particulars furnished on this form including financial details/ annexures are to the best of my knowledge and believe to be 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 undertake 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

2018/8/15	
Signature or Thumbprint of Applicant	Date
Left Thumbprint	Right Thumbprint
	
Remarks	

SASSA Official Stamp
PRIVATE BAG X32
15 AUG 2018
RANDFONTEIN 1760
WEST RAND DISTRICT OFFICE

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

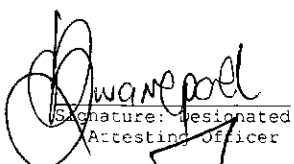
The Applicant/Procurator was asked the following questions: she is satisfied with the content thereof.

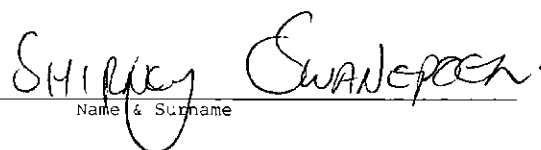
a) Are you conversant with the contents of the above declaration and do you understand it? ☒ Yes ☐ No

b) Do you have any objection to taking the oath/declaration? ☒ Yes ☐ No

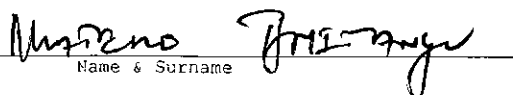
c) Do you regard the oath/declaration as binding on your conscience? ☒ Yes ☐ No

Thus signed and sworn / confirmed to on this 15 day of Aug 2018, 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 his / her conscience


Signature: Designated Attesting Officer


Name & Surname


Signature: Designated Verifying Officer



Name & Surname


Application

Number	Status	Date
799459	INTEGRATED	2018-08-14 15:32:04


Applicant Enrolment


Full names	Surname	Id number	Fingers
SIPHIWE ELIZABETH	SIFUNDZA	5801040278083	10

Agent	Status	Date
BrendaC	 GREEN	2018-08-14 15:33:24

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname: **SIFUNDZA**
Names: **SIPHIWE ELIZABETH**
Sex: **F**
Nationality: **RSA**
Identity Number: **5801040278083**
Date of Birth: **04 JAN 1958**
Country of Birth: **RSA**
Status: **CITIZEN**

 Signature: **UNABLE TO SIGN**



15 AUG 2015

RANDFONTEIN 1760
WEST RAND
DISTRICT OFFICE

Certified as a true copy of the original in which no charges have been made by an unauthorised person

M. Sifundza *M. Sifundza*

Bank *8/15* Date *2015/08/15*

with African Social Security Services (ASSS)

AFFIDAVIT FOR AN OLDER PERSON'S GRANT



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	SIFUNAZA														
Full names	SIPHILE ELIZABETH														
Identity Number	5801040278083												Age	60	
Residing at (physical address)	962 LEOPARDS ST BORWA														
Postal Code	1779														

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 / 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

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
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



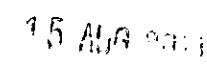
If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive

I Am Supported By my Child. NO Bank Account

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	I / we do not own ANY assets								
Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	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.

	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.		Name of Commissioner	
			Rank / Force No.	
Date	20180815	Place	BANDJONEN	

