



File Coversheet

2021/11/15

BRM File Number:

I3637076

CLM Number:

GAUC14237822

Approved - Main
Rejected - Archive
Loose Correspondence
Review



SIPHIWE ELIZABE SIFUNDZA

Gauteng

Transaction Date:

Date Last Reviewed:

5801040278083

Child Support Grant

2021/11/09

Archive Year:

5801040278083(id)

GAUC14237822

I3637076

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 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



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FILE COPY

5801040278083

SE SIFUNDZA

962 MEERKAT STREET
BORWA
WESTONARIA
1779

REGIONAL EXECUTIVE
MANAGER

SASSA

PRIVATE BAG X120
MARSHALLTOWN
2107

Tel : 011 241 8300

Fax : 011 241 8301

2021-11-09

Dear Sir/Madam

APPROVAL OF A CHILD SUPPORT GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 17 OF 2004), AS AMENDED

Kindly be informed that your application for a child support grant dated 20211109 in respect of 1709015701005 SURRISIT SIMANE SIBEYA 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 error 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: 2021-12
FIRST AMOUNT PAYABLE : R 791.33
MONTHLY AMOUNT : R 469.60
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 in 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 16(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

SASSA

2021-11-09

MARSHALLTOWN 2107
GAUTENG REGION



sassa

Form No : 70000255921

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: SIFUNDZA
Name(s): SIFHIWE ELIZABETH
Application Date: 20211109
Identity Number: 5801040278083 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 in 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/SAPC 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.

1		2021/11/09	
Signature: Applicant / Procurator		Date	
Left Thumbprint		Right Thumbprint	
Signature: Designated Officer		Name & Surname	
		2021/11/09	
<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>SASSA Official Stamp</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>03/11/2021</p> <p>RANDFONTEIN 1780</p> <p>WEST RAND</p> <p>DISTRICT OFFICE</p> </div>	



sassa

Form No : 700002555921

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: CA - NY - DG - FOS - ODS - ONY ☒
FOR OFFICE USE ONLY

MANUAL COMPLETION		APPLICATION CAPTURE	
Form Completed by:		Form Captured by:	
Name	<u>MANJUNATH</u> A:	<u>MANJUNATH</u> A:	
Surname	<u>MANJUNATH</u> A:	<u>MANJUNATH</u> A:	
User ID	<u>876647</u> A:	<u>876647</u> A:	
Signature	<u>[Signature]</u> A:	<u>[Signature]</u> A:	
Date	<u>20/11/09</u> A:	<u>20/11/09</u> A:	

Payment Information

Monthly Amount : R 460.00
Arrears Amount : R 337.33
First payment of: R 777.33
Monthly Payable : 22112

Outcome Delivery Method

Outcome letter personally handed to Applicant : Y N
Provide Registered post number, if letter not handed over :
Letter sent by:
Date : 20/11/09

SECTION A: PERSONAL DETAILS

Identification Type : ID DOCUMENT Gender : Female
Refugee Expiry Date : 0 Temporary Id Expiry Date : 0
Identity Number : 0801040178083 Title : MISS
Alternative ID Number : 0 Affidavit Attached? : Y N

Receipt from Euc Affairs available? No Date on receipt : 0

Surname : SINDIGA
Full Name : SINDIGA SINDIGA
Initials : SS Date of Birth : 19890104
Applicant Title Number : 0761234567
Correspondence Language : TSENGOSA Residence Code: 710600
Application Date : 08/11/09

Residential Address
562 MEERKAT STREET
BORWA

WENTONARIA
Postal Code 1779

Postal Address
562 MEERKAT STREET
BORWA

WENTONARIA
Postal Code 1779

Is Application lodged by a person in a state institution? Yes No
Proof of marriage to be provided before payment can be effected.
Citizenship : SOUTH AFRICAN
Recipients : PERSONAL (SELF)
Spousal Relationship Status : NEVER MARRIED
ID Number of Spouse : 0
Spouse Date of Birth : 0

SECTION B: METHOD OF PAYMENT

Method of payment : SASSA/CAP
Personal Bank Account Details
Bank Name : FNB BANK : SA FNB BANK LTD
Name of Account Holder : SE SINDIGA
Account Type : Branch Code : 450005 Account Number : 10062097193

Form No : 700002555921

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 : 1705215721088

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

Surname : SIBIYA

Name(s) : SURPRISE SIMANGA

Date of Birth : 20170521 Gender : MALE

Applicant's relationship to child : PRIMARY CARE GIVER

Previous Beneficiary Id : 9709221417089

Is the child resident with you? : YES

Does the child attend school? : NO

Name of School :



BM

DECLARATION BY APPLICANT (AFFIDAVIT)

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

a) Particulars furnished on this form including formules, 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 SARS of any change in my circumstances/ circumstances of the App. resulting in this application.

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


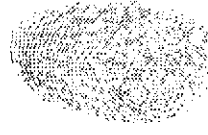
e) I undertake to notify SARS of any breach in the Applicant's vehicle.

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

I hereby agree / do not give consent to SARS to confirm my financial standing with any financial institution in terms of regulation 30 to the Social Assistance Act, 13 of 2004.

I further agree / do not give consent under Section 60(1)(b) of the Tax Administration Act, 2011, under the South African Revenue Services (SARS) may disclose information to SARS to confirm my financial standing with SARS.

* delete that which is not applicable

<p>Signature or Thumbprint of Applicant</p> <p>Left Thumbprint</p> 		<p>Date</p> <p>2021/11/01</p> <p>Right Thumbprint</p> 	
<p>Remarks</p>		<p>SARS Official Stamp</p> <p>PRIVATE BAG X32</p> <p>2021</p> <p>HANDBONTEN 1780</p> <p>WEST-PASS</p> <p>1780</p>	

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

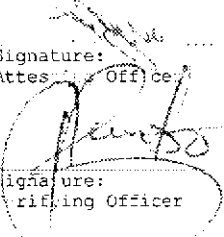
The Applicant/ Applicant was asked the following questions:


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

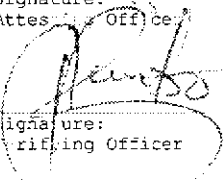
b) Do you have any objection to taking the oath/declaration? **Yes** A: No

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

that signed and sworn / confirmed to or took the oath of **2021**, the deponent / deponent acknowledged that he / she knows and understands the contents of this OATH / declaration, 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:  Name & Surname: **PAGUMBE MANEN JWA**

Attested by:  Name & Surname: **Broun Mello**

Signature:  Name & Surname: **Attesting Officer**

Date of Issue:

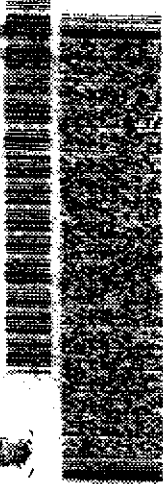
26 NOV 2018

Conditions:

This card has been issued by the
Department of Home Affairs in terms of the
Registration Act, Act 68 of 1997
and is valid for use in the Republic of South Africa.

HSA

109325948



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Suriname

QUNUOZA

Names:

SEPHWE ELIZABETH

Sex:

F

Nationality:

ASA

Identity Number:

8807040278089

Date of Birth:

04 JAN 1989

Country of Birth:

ASA

Signature

CITIZEN



UNABLE TO SIGN



home affairs

Department:

Home Affairs

REPUBLIC OF SOUTH AFRICA

F6442378

83/DHA - 5

PARTIAL APPEAR FROM THE POPULATION REGISTER (P.O.)

BIRTH CERTIFICATE

CHILD
SURNAME: SIBIYA
FORENAMES: SURPRESE SIMANCA
IDENTITY NUMBER: 1705215721088

GENDER: MALE
PLACE OF BIRTH: SCHOEMANSDAL
COUNTRY OF BIRTH: SOUTH AFRICA
DATE OF BIRTH: 2017-05-21

MOTHER: ID NUM/TRAVEL DOC: 9709221417089

MAIDEN/SURNAME: SIBIYA
FORENAMES: THOBILE

DATE OF BIRTH: 1987-09-22
PLACE OF BIRTH: SCHOEMANSDAL
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:

SURNAME:
FORENAMES:

DATE OF BIRTH:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

ENDORSEMENTS:

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

Date: 23/1/09

Rank: _____
South African Social Security Service (SASSA)

ASSA

2021-11-09

GAUTENG

DIRECTOR-GENERAL: HOME AFFAIRS



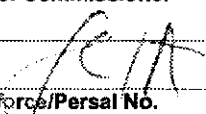
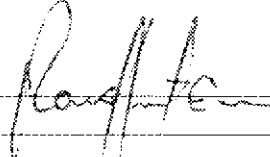
DEPARTMENT OF HOME AFFAIRS	
MALALANE	
2017-06-12	
MALALANE (2)	

OFFICIAL DATA 57280

I Siphiwe Elizabeth Sifunda _ (full names and surname) with ID 5801040278083 __, residing at: 962 Meerkat street, Borwa, Westonaria, 1779 __ do hereby declare the following:

I am the primary care giver of Surprice S Sibiya id no 1705215721088 _____

Declaration: I declare that all the information furnished in this affidavit is to the best of my knowledge true and correct, I have no objection in 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.	 Signature: Commissioner of Oaths	 Name of Commissioner  Rank/ force/ Persal No. 	<div style="text-align: right;"> S S PRIVATE BAO X120 2021 -11- 09 MARSHAL TOWN 2107 GAUTENG REGION </div>
Deponent's Signature/ Thumb Print				
Date: 25/11/2019		Place:		



GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

Enquiries: Rebecca Sekhwela

Tel: 011 4119000

Fax: 011 753 1314

Date: 19/10/2021

RE: TRANSFER OF CHILD SUPPORT GRANT.

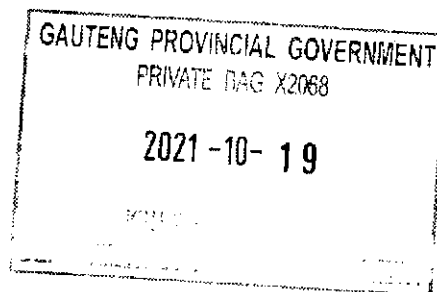
CHILD CONCERNED: SIBIYA SURPRISE SIMANGA : ID NO: 1705215721088

The matter of Sibiya Surprise Simanga come to the attention of the social worker in Westonaria office on the 04/10/2021. The matter was reported by the child maternal grandmother Mrs Sifundza Sipiwe Elizabeth , who is residing at house no: 962 Borwa , Westonaria. She reported that she has been staying with the child concerned while she was 1 year old. She reported that the child biological mother is still alive but she is always neglecting her child. She reported that the child 's grant is registered under his biological 's name Ms Sibiya Thobile ID NO: 9709221417089. According to the information Thobile is staying in Mpumalanga and she will send her money monthly. Our office is requesting the relevant department to transfer the child's Child Support Grant under his grandmother Mrs Sifundza Sipiwe Elizabeth.

Yours faithfully


Ms. R. Sekhwela

Social worker



4. I consent to –

- 4.1. SASSA processing, sharing, transferring and verifying my / the Applicant's Personal Information as provided in my / the Applicant's application, including but not limited to, information pertaining to my / the Applicant's financial status, income, bank account details with banking institutions, all government and other relevant institutions ('Institutions'), including fraud detection service providers deemed necessary by SASSA, to assess and consider my / the Applicant's application for a social grant ('Purpose') and
 - 4.2. Institutions processing, sharing, transferring and verifying my / the Applicant's Personal Information, between Institutions and between Institutions and SASSA, only for the Purpose; and
5. I understand that the period for which my / the Applicant's Personal Information would be held by SASSA and Institutions, is for as long as is needed to achieve the Purpose or for as long as the law requires, whichever is the longest.
6. I understand that I have a right to request access to, correction and / or deletion of my Personal Information and the Applicant has a right to access, correct and / or delete their personal information and that I and the Applicant may complain to the Information Regulator and withdraw consent. I further understand that withdrawal of this consent in respect of my or the Applicant's application will result in the cancellation of my / the Applicant's application for the social grant. Guidelines for these rights are available on the SASSA website, <https://www.sassa.gov.za/>.
7. I understand that privacy is important to SASSA and Institutions and that it and Institutions will use reasonable efforts in order to ensure that any Personal Information in its possession is kept confidential, stored in a secure manner and processed in terms of the POPI Act.
8. By submitting my / the Applicant's Personal Information in any form to SASSA, I acknowledge that such conduct constitutes a reasonable unconditional, specific and voluntary written consent to the processing, sharing, transferring and verification of such Personal Information by SASSA and Institutions for the Purposes including but not limited to:
- 8.1. The South African Revenue Services (SARS) disclosing my taxpayer information in terms of section 69(6)(b) of the Tax Administration Act, 2011 (Act No. 28 of 2011) for the Purpose; and
 - 8.2. Verification of my information against the information held in the various databases such as at the Department of Home Affairs, the Department of Labour in particular with the Unemployed Insurance Fund and the Workman's Compensation Fund for the Purpose.
 - 8.3. Commercial banks registered in South Africa to confirm my financial status


Signature or Thumbprint of Applicant/ Beneficiary

Date 20 21 11 09



DECLARATION AND CONSENT BY APPLICANT: GRANT APPLICATION

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

I, hereby apply for the social grant in terms of the Social Assistance Regulations made under the Social Assistance Act, 2004 (Act No. 13 of 2004).

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

1. I declare that:

1.1. I am / the Applicant 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. of the qualifying age to apply for this social grant as per the Social Assistance Regulations made under the Social Assistance Act, 2004 (Act No. 13 of 2004) ;
- 1.1.4. particulars furnished on this application including financial details and annexures are to the best of my knowledge and belief true and correct;
- 1.1.5. in case of child support grant application, I am the primary care giver of the child concerned;
- 1.1.6. not a resident in a government funded or subsidised institution.

1.2. All information, including Personal Information, supplied to SASSA is valid, accurate, complete and current.

1.3. I undertake to immediately notify SASSA of any change in my / the Applicant's financial circumstances, contact details or change in circumstances in relation to clause 1.1 which would disqualify me / the Applicant from receiving a social grant.

1.4. I also agree to correct and update my / the Applicant's Personal Information when necessary.

1.5. I understand and agree that any false and/ or misleading information in the application is punishable by law and / or that such information or any incorrect information or request to delete my / the Applicant's personal information, will justify a denial of or revocation of my / the Applicant's, application for a social grant by SASSA.

2. I understand that Personal Information has the meaning ascribed to it in terms of the Protection of Personal Information Act, Act No. 4 of 2013 ('POPI Act') and means information relating to me / the Applicant as an identifiable, living, natural person and includes all information supplied to SASSA in relation to my / the Applicant's application. I understand that when processing my / the Applicants Personal Information, SASSA will comply with the POPI Act and all other applicable legislation.

3. I acknowledge that any Personal Information supplied to SASSA is provided voluntarily and that SASSA will not be able to comply with its obligations if incorrect Personal Information is supplied.



SOUTH AFRICAN POLICE SERVICE

SUID-AFRIKAANSE POLISIEDIENS

I Siphivle Elizabeth Sifundza

ID NO 5801040278083

YEARS 63

RESIDING 962 Barwa Westonaria

TEL NO _____

CELL NO _____

EMPLOYED AS Penetration

AT 1/A

WITH WORK TEL NO _____

DECLARE UNDER OATH IN ENGLISH / AFRIKAANS

I state that I am staying with
my grandson Surprase Simanga Sibaya
at 962 Barwa Westonaria

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

SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn to / affirms before me and the deponent's signature / mark / thumbprint was placed thereof in my in my presence at:

Westonaria on 2021/11/07 at 07:30 time.

[Signature]
COMMISSIONER OF OATH

DAVID MUGAHA

FULL NAMES AND SURNAME

15 DOLOMITE STREET

WESTONARIA

RANK: [Signature]

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
2021 -11- 09
WESTONARIA
SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT FOR A CHILD SUPPORT GRANT



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	Sifundza
Full names	Sifundza Elizabeth
Identity Number	5801040278082
Age	63
Residing at (physical address)	402 Mervyn St Dorwa Mankweng
Postal Code	171

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

Name & Surname	Sybil Sibya	Date of Birth	20/07/05
----------------	-------------	---------------	----------

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

Name of Clinic / Hospital where child was born:	Mankweng	ID number of Child	1705215721088
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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	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 / or spouse have NO source of income, please indicate below how he / she currently survive

I survive by the DPO

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	DATE BAG X120 2021-11-09
		Signature Commissioner of Oaths	Rank / Force No.	ARSHALLTOWN 2107 GAUTENG REGION
Date 2021/11/09	Place			

