

**sassa**

SOUTH AFRICAN SOCIAL SECURITY AGENCY

CLM Number:

GAUS00724928

BRM File Number:

F7186614

Temp Box Number:

1

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

Approved - Main ☒Rejected - Archive ☐Loose Correspondence ☐**STATUS:**

Non-Compliant

Transfer

Legal

Fraud

Debtors

PINKY ELSIE NGOBESE

6302090468087

SRD

Gauteng





sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

FILE COPY

6302090468087

PINKY ELSIE NGOBESE

281 CORNWELL STREET
EXT 7

LANGAVILLE
1550

730700

REGIONAL EXECUTIVE
MANAGER

SASSA

PRIVATE BAG X120

MARSHALLTOWN

2107

Tel : 011 241 8300

Fax : 011 241 8301

20171113

Dear Sir/Madam

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

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

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

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

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

Yours faithfully

REGIONAL EXECUTIVE MANAGER

Acknowledgement of receipt

I PE T KOBSE hereby acknowledge receipt of this notification and the content was explained to my satisfaction.

Signature/Thumbprint of applicant

Date:

PE T KOBSE employed by SASSA, hereby confirm that this notification was issued by myself and the content thereof was explained to the applicant in the language of his/her choice.

Signature of designated officer

Date:

SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)	
KWA-THEENA	
13-11-2017	
PO BOX 3475 SPRINGS 1560	
SPRINGS LOCAL OFFICE	

STOP 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.
76 : APPROVAL: SRD , ENGLISH

SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)	
KWA-ZIBUMBA	
13	13 -11- 2017
PO BOX 3475 SPRINGS 1560	
SPRINGS LOCAL OFFICE	



Ref : 700000325446-70000000000000092028-20171113 Page1/4

APPLICATION FOR SOCIAL RELIEF OF DISTRESS

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 and write inside the boxes where applicable
4. Y means Yes and N means No.

SECTION A: APPLICANT PARTICULARS

Local Office : 730700 KWA THEMA LOCAL OFFICE
Identity number : 6302090468087 Gender : FEMALE
Identity number : 6302090468087 Gender : FEMALE
Identification Type : (annexure B attached) ID DOCUMENT
Date of Birth : 19630209
Surname : NGOBESE Full names : PINKY ELSIE
Citizenship : SOUTH AFRICAN
Military Veteran : NO
Education Level :
Postal Address
281 CORNWELL STREET
EXT 7

LANGAVILLE Postal Code : 1550
Residential Address
281 CORNWELL STREET
EXT 7

LANGAVILLE Postal Code : 1550

Contacts Tel No : Cell No : 0735074440
Language : ENGLISH
Spousal Relationship : DESERTED
Spouse Id No : 0
Spouse Birthdate : 0
Application Date : 20171113
Reason for Application : UNDUE HARDSHIP
Assistance Type : FOOD PARCEL

SECTION B: DETAILS OF DEPENDANTS

P.E.

B.L

FINANCIAL DETAILS

	Applicant	Spouse/s	Dependant Child
Salary or Wage	R 0	R 0	R 0
Profits/withdrawals/other Benefits from a Business or Farm (owned) >	R 0	R 0	R 0
Payments from Trust/Inheritance	R 0	R 0	R 0
Payments 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
Maintenance Received	R 0	R 0	R 0
Rental Income	R 0	R 0	R 0
Profits/withdrawals/other Benefits from a Business or Farm (rent) >	R 0	R 0	R 0
Income from Assets (Interest/Dividends)	R 0	R 0	R 0
Income from RSA/International Org.>	R 0	R 0	R 0
Assets			
Immovable property owned or held under lease hold (not occupied) ...>	R 0	R 0	R 0
Immovable property owned or held under lease hold (occupied)	R 0	R 0	R 0
Investments, bonds, loans, outstanding debts due to you.....>	R 0	R 0	R 0
Shares/shares capital/interest in assets in a company/institution .>	R 0	R 0	R 0
Endowment policies after maturity cash or kind	R 0	R 0	R 0
Property rights	R 0	R 0	R 0
Lumpsum invested in order to procure annuity	R 0	R 0	R 0

Remarks

BANNAZWE JOFOWHE
 Name & Surname (Designated Officer)

GA
 Designation

Signature

13, 11, 2017
 Date

P.E.

B.L

Confirmation of Applicant's financial positions is to be provided on Annexure D-2.

If the referral is on grounds of undue hardship, please provide details:

Declaration

I hereby declare that the particulars furnished on this form including financial details are to the best of my knowledge and belief true and correct. I am aware that any false declaration is punishable by law, and undertake to notify SASSA of any changes in circumstances relating to this document.

Pinky Ngobese
Name and Surname of Applicant

P. Ngobese
Signature

13/11/2017

The above statement was explained to the applicant/~~procurator~~ and ~~he~~/she is satisfied with the contents thereof. The application/~~procurator~~ was asked the following questions:

- i) Do you know and understand the contents of the above declaration? X / N
 ii) Do you have any objection to taking the prescribed oath/affirmation? Y / X
 iii) Do you regard the ~~oath~~/affirmation as binding on your conscience? X / N

Thus signed and ~~sworn~~/affirmed on this 13 day of 11 2017 the applicant/~~procurator~~ having acknowledged that ~~he~~/she knows and understands the contents of this declaration, has no objection to taking the ~~oath~~/affirmation, having ~~sworn~~/affirmed that the contents thereof are true and correct and that ~~he~~/she considers the ~~oath~~/affirmation to be binding to ~~he~~/her conscience.

SECTION C: INFORMATION VERIFIED BY SASSA OFFICER

Client Id No. 6302090168087 Date of birth 19630209

Details Checked on SOCPEN X / N if no, provide reason _____

Supporting Document Confirmed X / N if no, provide reason _____

Bonazw Terowske
Name and Surname: Designated Attesting Officer

AO
Designation

P. Ngobese
Signature

P. Ngobese
Name and Surname: Designated Verifying Officer

AO
Designation

P. Ngobese
Signature

Client Id No. 6302090168087 Date of birth 19630209

Application Status Approved X Rejected * Reason for rejection _____

P. Ngobese
Name and Surname: Designated Approval Officer

AO
Designation

P. Ngobese
Signature

SECTION D: FOR OFFICE USE ONLY

Types of Assistance Provided

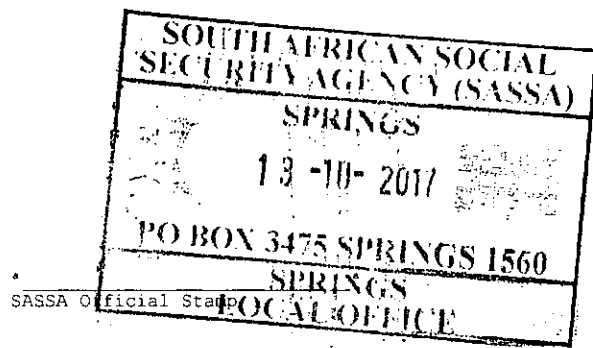
SRD Vouchers * * Value R _____ Date of Issue _____ Voucher No: _____
 Food Parcel * X Value R 76.49 Date of Issue 20171113
 Cash * * Value R _____ Date of Issue _____

SOCPEN Capturing

DAMBALE JEROME 13/11/2017 [Signature]
 Name and Surname: Capturing Official SOCPEN User ID Date Signature

SOCPEN Verifying

[Signature] 13/11/2017 [Signature]
 Name and Surname: Verifying Official SOCPEN User ID Date Signature



P.E
 BL

DOCUMENT CHECKLIST FOR SOCIAL RELIEF OF DISTRESS



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SOUTH AFRICAN SOCIAL SECURITY AGENCY

Initials	PE	Surname	MAGORISE												
Identity Number	6302990468087	Form Type	<input checked="" type="checkbox"/> Application	Extension		Subsequent within 1 year									
Form Number															

The documents attached to the form are: (mark appropriate boxes with X)

Personal Particulars					
ID Document of client	Yes	No	Decree of Divorce	Yes	No
ID Document of Spouse/Partner	Yes	No	Affidavit for Reg 11(1)	Yes	No
Death Certificate	Yes	No	Marriage Certificate	Yes	No
SASSA Affidavit	PREREQUISITE		Child Birth Certificate	Yes	No
Social Worker's Report	Yes	No	Proof of Medical Incapacity	Yes	No
Proof of Breadwinner Institutionalised	Yes	No	Proof of no maintenance support	Yes	No
Copy of appeal letter	Yes	No	Copy of application outcome letter	Yes	No
Socpen Payment Printouts	Yes	No	Proof of living in a disaster area	Yes	No

Particulars of Income			
Salary or Wage Advice	CLIENT	SPOUSE	DEP. CHILD
Profits, withdrawals or other benefits from a Business or Farm (owned)	CLIENT	SPOUSE	DEP. CHILD
Payments from a Trust or Inheritance	CLIENT	SPOUSE	DEP. CHILD
Payments from Property Rights	CLIENT	SPOUSE	DEP. CHILD
Pension or Annuity	CLIENT	SPOUSE	DEP. CHILD
Ex-Gratia Payments received	CLIENT	SPOUSE	DEP. CHILD
Maintenance received	CLIENT	SPOUSE	DEP. CHILD
Rental Income	CLIENT	SPOUSE	DEP. CHILD
Profits, withdrawals or other benefits from a Business or Farm (rented)	CLIENT	SPOUSE	DEP. CHILD
Income from Assets (interest / dividends)	CLIENT	SPOUSE	DEP. CHILD
Income from any RSA or International Organization	CLIENT	SPOUSE	DEP. CHILD
Three (3) Month's bank statement	CLIENT	SPOUSE	DEP. CHILD
Socpen Means printouts	CLIENT	SPOUSE	DEP. CHILD

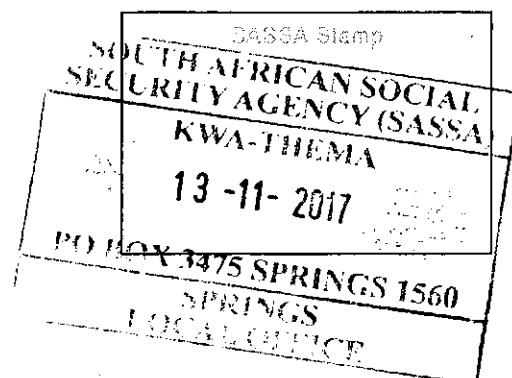
Declaration

I declare that I have interviewed the Client in accordance with the Screening Procedures and I confirm that the Documents as indicated above are attached to the Form as per the requirements in terms of the Social Assistance Act and its Regulations.

		2017/11/13
Signature of Designated Officer	Name of Designated Officer	Date

I declare that I have verified the information contained in the form with the client and that the documents as indicated above are attached to the form as per the requirements in terms of the Act and its Regulations.

		2017/11/13
Signature of Designated Officer	Name of Designated Officer	Date



SOCPEN - 5055 SOUTH AFRICAN SOCIAL SECURITY AGENCY 2017-11-13
S5055P01 GAUTENG REGION 09:45:34
S5055M02 ENQUIRY BY IDENTITY NUMBER (SOCIAL RELIEF) P74E0249 P
-----> 6302090468087 NGOBESE <-----

Soc: Relief No.....> 700000325446
Application Date.....> 2016-12-08
Region Code> 730700 KWA THEMA LOCAL OFFICE
Paypoint.....>

Type of Benefit.....> NO LONG DESCRIPTION ON TABLE Rand Value
780.00

Application Reason...> 16 UNDUE HARDSHIP
Dependant Children...>

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

SOCPEN - 5055 SOUTH AFRICAN SOCIAL SECURITY AGENCY 2017-11-13
S5055P01 GAUTENG REGION 09:45:45
S5055M02 ENQUIRY BY IDENTITY NUMBER (SOCIAL RELIEF) P74E0249 P
-----> 6302090468087 NGOBESE <-----

Social Relief No.....> 700000325446
Application Date.....> 2016-12-08
Region Code> 730700 KWA THEMA LOCAL OFFICE
Paypoint.....>

Type of Benefit.....> NO LONG DESCRIPTION ON TABLE Rand Value
780.00

Application Reason...> 16 UNDUE HARDSHIP
Dependant Children...>

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

<p>GEREGISTREERDE WOON- EN POSADRES</p> <p>1. Bewaar die bewys van u Geregistreerde Woon- en Posadres in hierdie sakke!</p> <p>2. Indien u van adres verander het, of indien besonderhede van u huidige adres (bv. straatnaam, en/of nommer) eers verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek/distrikthoof van die DEPARTEMENT VAN BINNELANDSE SAKE.</p> <p>REGISTERED RESIDENTIAL AND POSTAL ADDRESS</p> <p>1. Keep the proof of your Registered Residential and Postal Address in this pocket.</p> <p>2. If you have changed your address, or particulars of your present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change, and it must be handed in, or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.</p>	<p>ID No 630209 0468 08 7</p> <p>S.A. BURGER'S A. CITIZEN</p> <p>VAN/SURNAME NGOBESE</p> <p>VOORNAME/FORENAMES PINKY ELSIE</p> <p>GEBOORTEDISTRIK OF LAND / DISTRICT OR COUNTRY OF BIRTH SOUTH AFRICA</p> <p>GEBOORTEDATUM / DATE OF BIRTH 1963-02-09</p> <p>DATUM / UITGEREK / DATE ISSUED 1986-07-01</p> <p></p> <p>Uitgerek op versoek van die Oorkleefte Generaal van Binnelandse Sake Issued by authority of the Director General of Home Affairs</p>
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<p>SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)</p> <p>KWA-THEMA</p> <p>13-11-2017</p> <p>PO BOX 3475 SPRINGS 1560</p> <p>SPRINGS</p> <p>LOCAL OFFICE</p>

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

Signature / *[Signature]* **Ex Officio, Republic of South Africa**
 Designation **SOUTH AFRICAN SOCIAL SECURITY AGENCY**
 Date *[Signature]*
 Place *[Signature]*
 Business Address: *[Signature]*
 (Physical Address not Postal Address)

AFFIDAVIT SOCIAL RELIEF OF DISTRESS FINANCIAL POSITION



sassa
SOUTH AFRICAN SOCIAL RELIEF AGENCY

I, the undersigned

Surname:	MGOBESE														
Full names:	PILICY ELSIE														
Identity Number:	6302090468087														
Residing at (physical address):	281 CORNWELL STR EXT 7A LONGAVILLE														
Postal Code:	10520														

Do hereby state under oath that I am applying for Social Relief of Distress because: ☒ the applicable box

Awaiting a grant	Medically unfit < 6 months	No maintenance received	Breadwinner Deceased	Breadwinner in an institution	Affected by Disaster	<input checked="" type="checkbox"/> Undue hardship
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My Marital Status is as follows ☒ the applicable box

<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single / never married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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To be completed if Married

My 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 spouse or partner.

ID Document	Decree of Divorce	Death Certificate
Spouse deceased in 2000.		

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

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

by selling ice-block and 1 piece of soap.
No sufficient means.

Declaration of my / my spouse or partner's Assets (<input checked="" type="checkbox"/> the applicable box)															
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: Signature: Commissioner of Oaths
Deponent's Signature / Thumb Print			Designation
Date: 20/11/13	Place: Kaituma		

