



sassa

File Coversheet

BRM File Number:

I4329894

CLM Number:

GAU019755720

Approved - Main

Rejected - Archive

Loose Correspondence

Review



PINKY ELSIE KUNENE

Gauteng

Transaction Date:

Date Last Reviewed:

6302090468087

Old Age Grant

2023/02/17

Archive Year:

6302090468087(id)



General Particulars

- ☒ Identity document of Client
- ☐ Death Certificate
- ☐ Affidavit - Regulation 11 (1)
- ☒ SASSA Affidavit Older Persons Grant

- ☐ Identity document Spouse/Partner
- ☐ Decree of Divorce
- ☒ Marriage Certificate

Particulars of Income

- ☒ Income Affidavit
- ☐ Profits, withdrawals or other Benefits from a Business or Farm(owned)
- ☐ Payments from Property Rights
- ☐ Ex- Gratia Payments Received
- ☐ Rental Income
- ☐ Income from Assets(interest/dividends)
- ☒ Three (3) Month's Bank Statements or confirmation if new account

- ☐ Salary or Wage
- ☐ Payments from Trust/Inheritance
- ☐ Pension/Annuity
- ☐ Maintenance Received
- ☐ Profits, Withdrawals or Other Benefits from a Business or Farm(rented)
- ☐ Income from RSA/International Org.

GAU019755720



Particulars of Assets

- ☐ Immovable Property owned / held under leasehold (not occupied)
- ☐ Investments, Bonds, Loans, Outstanding debts owed to client and/or spo
- ☐ Endowed Policies after Maturity or Cash in hand
- ☐ Lump sum Invested in order to Procure an Annuity

- ☒ Immovable Property owned / held under leasehold (occupied by client/spo
- ☐ Shares, Share Capital, Interest in Assets in a Company / Institution
- ☐ Property Rights

I4329894





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FILE COPY

6302090468087

PE KUNENE

281 CORNWELL STR
EXT 7
LANGAVILLE
1550

REGIONAL EXECUTIVE
MANAGER
SASSA
PRIVATE BAG X120
MARSHALLTOWN
2107
Tel : 011 241 8300
Fax : 011 241 8301
2023-02-17

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 20230217 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: 2023-03
FIRST AMOUNT PAYABLE : R 2842.85
MONTHLY AMOUNT : R 1990.00
PAYMENT 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 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

PRIVATE BAG

2023-02-17

04

P. Kunene

This letter will be available in an official language of your choice on request, where applicable.

APPROVAL: OLDER PERSON'S GRANT - ENGLISH

OA DOCUMENT CHECKLIST

Client Spouse Dep. Child Y=Received M=Missing N=Not Applicable

Y			1. Identity document of Client
	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
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
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.

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 ENTR Pg.- Pg.+ Pg.< Pg.> MAIN PREV

Y	-	-	24. Three (3) Month's Bank Statements or confirmation if new acco
N	-	-	25. Immovable Property owned / held under leasehold (not occupied)
N	-	-	26. Immovable Property owned / held under leasehold (occupied by c
N	-	-	27. Investments, Bonds, Loans, Outstanding debts owed to client a
N	-	-	28. Shares, Share Capital, Interest in Assets in a Company / Inst
N	-	-	29. Endowed Policies after Maturity or Cash in hand
N	-	-	30. Property Rights
N	-	-	31. Lump sum Invested in order to Procure an Annuity
Y			37. SASSA Affidavit Older Person s 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



sassa

Form No : 700002914754

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




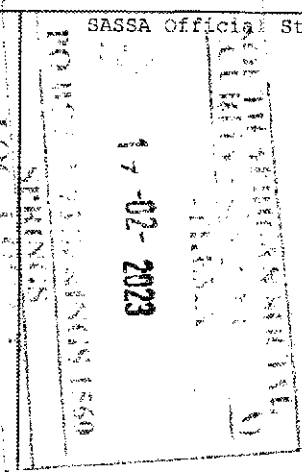
Surname: KUNENE
Name(s): PINKY ELSIE
Application Date: 20230217
Identity Number: 6302090468087 Alternative ID Number :
ID Type: ID DOCUMENT

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.

P.E		17/2/2023	
Signature: Applicant / Procurator		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>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> <p>SOCIAL GRANT FRAUD AND CORRUPTION CALL CENTER NO: 0800 601 011</p>			
		<p>SASSA Official Stamp</p> 	

Form No : 700002914754

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 - DC - FCG - CDB - CSG

FOR OFFICE USE ONLY

MANUAL COMPLETION APPLICATION CAPTURE
Form completed by: Form captured by:

Name *Thembu* AI *Thembu* AI

Surname *Munyira* AI *Munyira* AI

User Id *8276313 P2BEC35* AI

Signature *[Signature]* AI *[Signature]* AI

Date *17/2/2013* AI *17/2/2013* AI

Payment Information Outcome Delivery Method

Monthly Amount : R *1990.00* Outcome letter personally handed to Applicant : Y ☒ N ☐

Arrear Amount : R *852.85* Provide Registered post number, if letter not handed over : _____

First payment of: R *2892.85* Letter sent by: _____

Month Payable : *2013 March* Date : _____

SECTION A: PERSONAL DETAILS

Identification Type : ID DOCUMENT Gender : FEMALE
Refugee Expiry Date : 0 Temporary Id Expiry Date : 0
Identity Number : 6302090468087 Title : MRS
Alternative ID Number : 0 Affidavit Attached? : Y ☒ N ☐

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

Surname : KUNENE
Full Names : PINKY ELSIE
Initials : PE Date of Birth : 19630209
Applicant Cell Number : 0834118996
Correspondence Language : ENGLISH Residence Code: 730700
Application Date : 20230217

Residential Address
261 CORNWELL STR
EXT 7

LANGAVILLE
Postal Code 1550

Postal Address
261 CORNWELL STR
EXT 7

LANGAVILLE
Postal Code 1550

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 : DESERTION
ID Number of Spouse : 0
Spouse Date of Birth : 0

SECTION B: METHOD OF PAYMENT

Method of payment : SASSA/SAPO
Personal Bank Account Details
Bank Name : POSTBANK : SA POSTBANK SOC LTD
Name of Account Holder : PE KUNENE
Account Type : Branch Code : 460005 Account Number : 10014893705

Tom *P.E.*


Form No : 700002914754

SECTION D: GRANT SPECIFIC REQUIREMENTS


Maintained by an institution subsidized by the State? ☒ **N** ☐

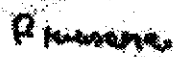
M

P.E.

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname: **KUNENE**
Names: **PINKY ELSIE**
Sex: **F**
Nationality: **RSA**
Identity Number: **6302090463087**
Date of Birth: **09 FEB 1963**
Country of Birth: **RSA**
Status: **CITIZEN**





ID


S

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2023-02-17

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



Rank _____ Date 2023/02/17

South African Social Security Agency (SASSA)



A9953924
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/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
GEBOORTEDATUM:

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

SURNAME: NGOBESE
VAN :

FIRST NAMES: PINKY ELSIE
VOORNAME :

DATE OF BIRTH: 1963-02-09
GEBOORTEDATUM:

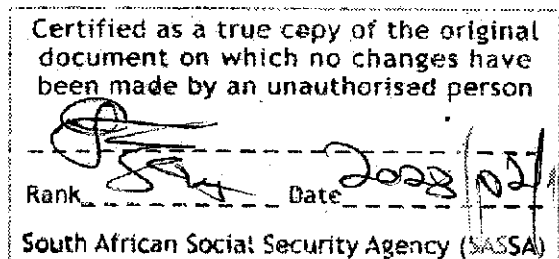
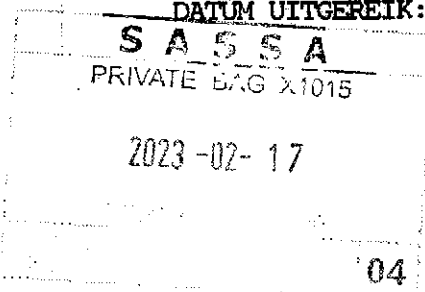
DATE OF MARRIAGE : 1995-01-12
DATUM VAN HUWELIK:

PLACE OF MARRIAGE:
PLEK VAN HUWELIK :

TYPE OF MARRIAGE: CIVIL
Tipe van Huwelik:

DATE ISSUED :
DATUM UITGEREIK: 2006-12-01

ISSUED BY :
UITGEREIK DEUR: YDA208



SOUTH AFRICAN POLICE SERVICE



GAUTENG PROVINCE

PRO FORMA STATEMENT PAGE 1 OF 2

FULL NAMES AND SURNAME:

PENNY ELISE KUNENE

WITH ID NUMBER OR DATE OF BIRTH:

6302090168087

AGE: 60

AND CONTACT NR:

083 411 8996

RESIDING AT:

221 ECT 01A

EMPLOYED AS A/AN:

UNEMPLOYED

AT:

DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (Delete that which is not applicable)

THE POLICE OFFICERED HEREIN STATE THAT A FULL RECORD
NUMBER WITH ID NUMBER 6302090168087 IS THE
HUSBAND OF THE DEPONENT IN 1978 AND HE HAS NOT
CHANGED SINCE I WAS NOT KNOWN TO WHERE HE WAS

INITIALS AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT:

C M MAZUR

RANK:

CP

PERSAL NR:

7207082

STATION:

KWA-THEM

OB NUMBER:

135

(Note that if the above details are not completed or are illegible, this affidavit is invalid)

This pro forma statement is intended for use in Gauteng Province from 16 January 2020 as per Provincial Instruction 1/2023. No other pro forma statement is valid. This statement must be completed by a SAPS Employee who is an ex officio commissioner of oaths and may under no circumstances be completed by the Deponent. Possession of a blank statement, making a false statement or misuse of a deposited statement may constitute a criminal offence.

2023 -02- 09

EKURHULENI DISTRICT
KWA-THEMA

SOUTH AFRICAN POLICE SERVICE



www.e-ekurhuleni.gov.za

City of Ekurhuleni
a partnership that works

BRAKPAN SDC
PO BOX 15
BRAKPAN
1540


















Phone: 0860 543 000
Email: callcentre@ekurhuleni.gov.za
Twitter: @EMM_Call_Centre

COPY TAX INVOICE

VAT Reg No. 4280193493

Invoice number: 34015059862023/01/15

Page 1 of 1

Name		MF&PE KUNENE		Account Number		3401505986																																																																																																																																																										
Ward Number		79		Payments Included Until		2023/01/15		Vat Reg. No.																																																																																																																																																								
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30 Days	60 Days	90 Days	90+ Days	Total Charge (excl. VAT)	Total VAT	Total Charge (incl. VAT)
1189.51	1181.95	1175.29	27775.50	32395.12	123.29	32518.41
Amount In Advance		600	Due Date	2023/02/15	Amount Payable	Original 32519.00

MESSAGE

2023 17

GERMISTON 1400

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www.kwa-thema.gov.za

KWA-THEMA LIC-158

2023 09/15

Rank Date

South African Social Security Agency (SASSA)

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



City of Ekurhuleni
a partnership that works

BRAKPAN SDC
PO BOX 15
BRAKPAN
1540



Phone: 0860 543 000
Email: callcentre@ekurhuleni.gov.za
Twitter: @EMM_Call_Centre

REMITTANCE ADVICE

VAT Reg No. 4280193493

402

3401505986

>>>>> 9 1337 3401 5059 862

payCity 44523401505986

115443401505986

Name	MF&PE KUNENE
Account Number	3401505986
Due Date	2023/02/15
Amount Payable	32519.00

AFFIDAVIT FOR AN OLDER PERSON'S GRANT



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	KUNENE
Full names	P. J. NKY & CS
Identity Number	6302070408087
Residing at (physical address)	281 Cornwell Street Langenhutte
Postal Code	1550

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	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				
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				
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

with child support grant

Declaration of my / my spouse or partner's Assets (mark appropriate Boxes 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.

P. E. Kunene 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 Muzi Maseko	Rank / Force No. 7
			Date 22/02/2022	