



Affidavit to be completed by Member on registration or re-registration of child between the age of 21 and 25

APPLICATION FOR REGISTRATION OF A CHILD BETWEEN THE AGE OF 21 AND 25																					
MEMBER PERSONAL DETAILS																					
SURNAME																					
FIRST NAMES																					
ID NUMBER													DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF AVAILABLE											COUNTRY OF ISSUE										
MEMBER NUMBER											OPERATION / SECTION										

I, the undersigned, hereby warrant that all answers given in this declaration are true, correct and complete in every aspect.			
NAME OF CHILD			
ID NUMBER			
WHY IS YOUR CHILD NOT ABLE TO MAINTAIN HIM/HERSELF?			
MONTHLY AMOUNT SPENT TOWARDS LIVING EXPENSES OF CHILD?			
DO YOU RECEIVE ANY ASSISTANCE TOWARDS THE MAINTENANCE OF THIS CHILD?	YES	☐	NO ☐
IF YES, PLEASE PROVIDE DETAILS			
MONTHLY INCOME OF CHILD, INCLUDING PENSION?			
DOES THIS CHILD STILL LIVE PERMANENTLY IN YOUR HOME	YES	☐	NO ☐
IF NO, PLEASE PROVIDE DETAILS			
In the case of a mental or physical disability, please attach a doctor's report detailing the extent of the disability, including proof of SASSA or any other grant received.			

DECLARATION BY MEMBER AND COMMISSIONER OF OATHS			
MEMBER	I,	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	DATE		
	SIGNATURE		
THE MEMBER ACKNOWLEDGES THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. SWORN/AFFIRMED AND SIGNED BEFORE ME:			
COMMISSIONER OF OATHS	NAME		
	ADDRESS		
	DATE		
	SIGNATURE		OFFICIAL STAMP