ANNEXURE I-2

## **AFFIDAVIT FOR A DISABILITY GRANT**



Full names	I, the undersigned															sou	TH AFRIC	AN SOCIAL	SECURITY	AGENCY	
Residing at (physical address)  Do hereby state under oath that I am applying for a Disability Grant. I confirm that I am not residing in an institution funded by the state.  Married Status (mark appropriate box with X)  Married Status (mark appropriate box with X)  Married To be completed if Married (Divorced / Widow(er)  My (ex) spouse / partner's full names & surname  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 Document Document Decree of Divorce Reason Rea	Surname																				
Residing at (physical address)  Do hereby state under oath that I am applying for a Disability Grant. I confirm that I am not residing in an institution funded by the state.  Marital Status (mark appropriate box with X)  In community (Dut of Community (Divid Union (Distormary) (Divid Union (Distormary) (Dut of Community) (Divid Union (Distormary) (Distor	Full names						İ														
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