

ANNEXURE B - DECLARATION OF DEPENDENCY

FULL NAME																				
IDENTITY NUMBER																				
RELATIONSHIP TO DECEASED																				
DATE FROM WHICH YOU HAVE RECEIVED FINANCIAL SUPPORT FROM THE DECEASED?																				
WHY WAS THE DECEASED SUPPORTING YOU FINANCIALLY AT TIME OF DEATH?																				

STATEMENT OF YOUR INCOME AND EXPENSES

Gross Income (list monthly gross income from all income sources, if applicable)

OWN	R																			
SPOUSE (IF APPLICABLE)	R																			
TOTAL GROSS MONTHLY INCOME	R																			

EXPENSES - BASIC NECESSITIES:

Expenses (list monthly expense)

ACCOMMODATION	R																				(including electricity, water, rates and taxes)
MEDICAL EXPENSES	R																				
FOOD	R																				
CLOTHING	R																				
TRANSPORT	R																				

EDUCATIONAL NEEDS: (ALL LEVELS)

ACCOMMODATION (INCLUDING MEALS)	R																			
TRANSPORT	R																			
TUITION FEES	R																			
SCHOOL WEAR, ETC.	R																			

OTHER EXPENSES:

MAINTENANCE RESPONSIBILITIES	R																																						
HIRE PURCHASE/LOAN/CREDIT CARD INSTALMENTS	R																																						
INSURANCE PREMIUMS PAYABLE	R																																						
OTHER	R																				SPECIFY																		
OTHER	R																				SPECIFY																		
OTHER	R																				SPECIFY																		



