

DECLARATION OF INCOME

ANNEXURE S / INCOME		MONTHLY AMOUNT	
		Self	Spouse
1) TYPE OF PENSION		REFERENCE NUMBER	
1.1			
1.2			
2) INVESTMENTS			
INSTITUTION	AMOUNT INVESTED	INTEREST RATE	
2.1			
2.2			
2.3			
3) OTHER SOURCES OF INCOME (Specify)			
3.1			
3.2			
4) NO INCOME. INDICATE WITH X			

TOTAL

ASSETS DISPOSED OF AND DONATIONS MADE IN THE PAST 5 YEARS		
1) Assets sold		
2) Assests donated		
3) Cash donated		

The applicant declares that the above information is true and correct and binding on his/her conscience

Signature / Mark of applicant: _____

Signature of Commissioner of Oaths: _____

Date _____

Assesment by department screening officer _____ Date _____

Income _____ Income group _____

NAME _____ RANK _____

