

DECLARATION AND CONSENT BY BENEFICIARY / PROCURATOR: GRANT REVIEW

Please read this declaration carefully and provide the mandatory consent to enable the processing of your application.

I, hereby review/ review on behalf of the beneficiary for the grant(s) as per Regulation 27 to the Social Assistance Act, 2004.

If I review on behalf of another person ('**Beneficiary**'), I confirm that I have the necessary authority to provide the Personal Information of the Beneficiary and agree to this declaration and consent, on behalf of the Beneficiary and that I will inform the Beneficiary of the outcome of the review.

1. I declare that:

1.1. I am / the Beneficiary is:

- 1.1.1. a South African Citizen, Permanent Resident or Refugee registered on the Home Affairs database;
- 1.1.2. currently residing within the borders of the Republic of South Africa;
- 1.1.3. confirming that particulars furnished (manually or electronically) on this application including financial details and required documents are to the best of my knowledge and belief true and correct;
- 1.1.4. not a resident in a government funded or subsidised institution;
- 1.1.5. aware that any false declaration is punishable by law;
- 1.1.6. undertaking to notify SASSA of any changes in my circumstances/ circumstances of beneficiary;
- 1.1.7. confirming that postal address and banking details (if applicable) provide are accurate, correct and current;
- 1.1.8. confirming that in the event I/the Beneficiary is receiving Grant in Aid, I /the Beneficiary is not maintained in a state subsidized institution
- 1.1.9. confirming that I/Beneficiary is not maintained in a state funded institution
- 1.1.10. aware of my rights to appeal in the case that I disagree with an adverse decision taken by SASSA

2. I hereby give consent to SASSA to confirm my financial standing with any financial institution in terms of Regulation 30 to the Social Assistance Act, 13 of 2004.

3. I further give consent under Section 68(5)b) of the Tax Administration Act, 2011 that the South African Revenue Services (SARS) may disclose information to SASSA to confirm my financial standing with SARS.

4. I hereby give consent to any department, Agency, institution or organisation to disclose information to SASSA to confirm my financial standing or personal details, at any time as SASSA may request.

5. I do understand that any future encounter that I will have with SASSA may be utilised as a grant review and further understand that outcomes of such an encounter may be adverse, in case the outcome is adverse I do understand my rights to appeal as provided in the social assistant regulations .

6. I hereby give consent to SASSA to regard any cell phone numbers and email address provided by me as alternative official means to be utilised by SASSA for any purpose listed below :

6.1 Sending through any communication between SASSA and Myself regarding the outcome of my grant and related requests from SASSA

Client ID Number													
Signature or Thumbprint of Applicant/ Beneficiary													

Date	C	C	Y	Y	M	M	D	D
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