***PROTEA TEHUIS VIR BEJAARDES / PROTEA HOME FOR THE AGED***

***B.***

**VERKLARING VAN INKOMSTE EN UITGAWES DEUR INWONERS OF APPLIKANTE: PROTEA TEHUIS VIR BEJAARDES**

**DECLARATION OF INCOME AND EXPENDITURE: TO BE COMPLETED BY RESIDENTS OR APPLICANTS: PROTEA HOME FOR THE AGED**

**VAN / SURNAME: ………………………………………………………………………………………………...**

**VOLLE NAME / FULL NAMES: ………………………………………………………………………………….**

**ID NOMMER / ID NUMBER: ……………………………………………………………………………………..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** | **INKOMSTE** | | **Verwysingsnommer (waar van toepassing)**  **Reference number (where applicable)** | **Maandelikse inkomste (Bv Rente, Dividende, Huur, ens) / Monthly income (Eg Interest, Rent, Dividends etc)** | |
| **SELF** | **EGGENOOT**  **SPOUSE** |
| **A1** | **PENSIOEN (Naam van Fonds)**  **PENSION (Name of Fund)** | |  | | |
| **1.1** |  |  | **R** | **R** |
| **1.2** |  |  | **R** | **R** |
| **1.3** |  |  | **R** | **R** |
|  |  |  |  |  |
| **A2** | **ANNUÏTEIT (Naam van Fonds)**  **ANNUITY (Name of Fund)** | |  | | |
|  | **2.1** |  |  | **R** | **R** |
|  | **2.2** |  |  | **R** | **R** |
|  | **2.3** |  |  | **R** | **R** |
|  |  |  |  |  |  |
| **A3** | **INKOMSTE UIT TRUSTFONDS (Naam van Fonds)**  **INCOME FROM TRUST FUNDS (Name of fund)** | |  | | |
|  | **3.1** |  |  | **R** | **R** |
|  | **3.2** |  |  | **R** | **R** |
|  | **3.3** |  |  | **R** | **R** |
|  |  |  |  |  |  |
| **A INKOMSTE:** | | | **Verwysingsnommer (waar van toepassing)**  **Reference number (where applicable)** | **Maandelikse inkomste (Bv Rente, Dividende, Huur, ens) / Monthly income (Eg Interest, Rent, Dividends etc)** | |  |  |  |
| **SELF** | **EGGENOOT**  **SPOUSE** |  |  |
| **A4** | **AANDELE / SHARES** | |  | | |  |
|  | **4.1** |  |  | **R** | **R** |
|  | **4.2** |  |  | **R** | **R** |
|  | **4.3** |  |  | **R** | **R** |
|  | **4.4** |  |  | **R** | **R** |
|  |  |  |  |  |  |
|  | | | | | |
|  |  | | **BEDRAG/ AMOUNT** | **SELF** | **EGGENOOT**  **SPOUSE** |
| **A5** | **DIREKTEURSGELDE (Naam van Maatskappy)**  **DIRECTORS FEES (Name of Company)** | |  | | |
|  | **5.1** |  | **R** | **R** | **R** |
|  | **5.2** |  | **R** | **R** | **R** |
|  | **5.3** |  | **R** | **R** | **R** |
|  | **5.4** |  | **R** | **R** | **R** |
|  |  |  |  |  |  |
|  | | | | | |
| **A6** | **BELEGGINGS (Naam van Bank)**  **INVESTMENTS (Name of Bank)** | |  |  |  |
|  | **6.1** |  | **R** | **R** | **R** |
|  | **6.2** |  | **R** | **R** | **R** |
|  | **6.3** |  | **R** | **R** | **R** |
|  | **6.4** |  | **R** | **R** | **R** |
|  |  |  |  |  |  |
|  | | | | | |
|  | **MARKWAARDE / MARKET VALUE** | | **Uitstaande Verband**  **Outstanding Bond** | **Maandelikse Inkomste bv Rente, Dividende, Huur, ens**  **Monthly income eg Interest, Rent, Dividends, etc** | |
| **A7** | **VASTE EIENDOM (Plase,wonings, ens – volledige beskrywing en waar geleë)**  **FIXED PROPERTY (Farms, houses, etc – full description and situation)** | |  | | |
|  | **7.1** |  | **R** | **R** | **R** |
|  | **7.2** |  | **R** | **R** | **R** |
|  | **7.3** |  | **R** | **R** | **R** |
|  | **7.4** |  | **R** | **R** | **R** |
|  |  |  |  |  |  |
|  | | | | | |
| **A8** | **ANDER INKOMSTE (Spesifiseer bv besigheid,vruggebruik fided commissum)**  **OTHER INCOME (Specify eg from business, usufruct fided commissum,etc)** | |  |  |  |
|  | **8.1** |  | **R** | **R** | **R** |
|  | **8.2** |  | **R** | **R** | **R** |
|  | **8.3** |  | **R** | **R** | **R** |
|  | **8.4** |  | **R** | **R** | **R** |
|  |  |  |  |  |  |

**SUB-TOTAAL / SUB TOTAL: R ………………………………….........**

**MIN UITGAWES / MINUS EXPENCES: R ………………………………………..**

**TOTAAL / TOTAL R ………………………………………..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B** | **Totale waardes van bates verkoop of skenkings gemaak oor die afgelope vyf jaar (spesifiseer)**  **Total Value of assets sold or donated during the past five years (specify)** | | | **SELF** | **EGGENOOT**  **SPOUSE** |
| **Totale waarde / Total value** | |
| **B1** | **BATES VERKOOP / ASSETS SOLD** | | |  |  |
|  | **1.1** | **Datum verkoop / Date of sale** |  |  |  |
|  | **1.2** | **Bedrag / Amount** | | **R** | **R** |
|  | **1.3** | **Bedrag waarop Hereregte betaal is**  **Amount on which Transfer Duty was paid** | | **R** | **R** |
|  | | | | | |
| **B2** | **BATES GESKENK / ASSETS DONATED** | | |  |  |
|  | **2.1** | **Datum / Date** |  |  |  |
|  | **2.2** | **Waarde / Value** | | **R** | **R** |
|  | | | | | |
| **B3** | **KONTANT GESKENK / CASH DONATED** | | |  |  |
|  | **3.1** | **Datum / Date** |  | **R** | **R** |
|  | **3.2** | **Bedrag / Amount** | |  |  |
|  | | | | | |
| **C** | **Uitgawes van deurlopende aard: (Dokumentêre bewys van uitgawes moet aangeheg word. Spesifiseer bv Ledegeld van Mediese Fonds, Belasting, Assuransie, Verbandpaaiement, Inkontenensie produkte, Medikasie ens)**  **Running Expences: (Documentary of proof of expenses must be attached. Specify please – eg Membership of Medical Aid, Taxes, Insurance, Bond Payments, Incontinence Products, Medicine, etc)** | | |  |  |
|  | **1** |  | | **R** | **R** |
| **2** |  | | **R** | **R** |
| **3** |  | | **R** | **R** |
| **4** |  | | **R** | **R** |
| **5** |  | | **R** | **R** |
| **6** |  | | **R** | **R** |
| **7** |  | | **R** | **R** |
| **8** |  | | **R** | **R** |
| **9** |  | | **R** | **R** |
|  | | | | | |

**TOTAAL/TOTAL: R ………………………………….........**

**Ek, ………………………………………………………………........ verklaar dat bostaande inligting deur**

**my verskaf, na die beste van my wete waar en juis is.**

**I, ……………………………………………………………………….. declare that the above information is**

**true to the best of my knowledge.**

**……………………………………………………….......................... ………………………………….**

**Handtekening van Inwoner of Applikant of Gevolmagtigde Datum / Date**

**Signature of Resident or Applicant or Proxy**

**Ek, …………………………………………………………sertifiseer dat ek voordgeskrewe EED BEVESTIGING afgeneem het, ek die volgende vrae aan die VERKLAARDER gestel het in sy/haar antwoorde in sy/haar teenwoordigheid neergeskryf het.**

**I, ……………………………………………………………. herewith declare that before I took the applicable OATH, I have questioned the declarer and noted his/her answers down in his/her presence.**

1. Is u vertroud met die inhoud van bostaande verklaring en begryp u dit?

Are you acquainted with and do you understand the above declaration?

Antwoord / Answer: ………………………………………………………………………………………

1. Het u enige beswaar teen die aflê van die voorgeskrewe Eed?

Do you have any objection to take the applicable Oath?

Antwoord / Answer: ………………………………………………………………………………………

1. Beskou u die voorgeskrewe Eed as bindend vir u gewete?

Do you regard the applicable Oath as binding to your conscience?

Antwoord / Answer: ………………………………………………………………………………………

**Ek sertifiseer dat die Verklaarder erken dat hy/sy vertroud is met die inhoud van die Verklaringen dit begryp. Hierdie verklaring is beëdig/bevestig voor my en die Verklaarder se handtekening/duimdruk/merk is in my teenwoordigheid daar aangebring.**

**I hereby certify that the declarer admitted that he/she knows and understands the contents of this declaration. This declaration was confirmed in my presence.**

**……………………………………………………………**

**KOMMISSARIS VAN EDE (Republiek van Suid-Afrika)**

**COMMISSIONER OF OATH (Republic of South Africa)**

**…………………………………………………………………. ………………………………………………**

**PLEK / PLACE DATUM / DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***VIR AMPTELKE GEBRUIK DEUR ‘N KEURINGSBEAMPTE VAN DIE DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN / OFFICIAL USE BY THE SCREENING OFFICIAL OF THE DEPARTMENT OF HEALTH AND WELLFARE.***

**TOTALE INKOMSTE / TOTAL INCOME: R ………………………………...**

**MIN GOEDGEKEURDE AFTREKKINGS /**

**LESS DEDUCTIONS ALLOWED**

**SPESIFISEER / SPECIFY: ………………………………………………………………….**

**………………………………………………………………….**

**…………………………………………………………………. R ………………………………...**

**Laasgenoemde bedrag moet op die keuringsvorm ingevul word / The last amount must be filled in on the screening certificate.**

**INKOMSTE GROEPSKODE / INCOME GROUP CODE: ………………………………………… Datum / Date: ……………………………..**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**……………………………………………………………………………………………………… …………………………………**

**Handtekening: Beampte in diens van die Departement van Gesondheid en Welsyn Datum / Date**

**Signature: Official in service of the Department of Health and Wellfare**