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| **SECTION B** | **AFFIDAVIT CONTAINING FINANCIAL DETAILS** |
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| **IMPORTANT NOTICE** **YOU ARE REQUIRED TO READ THIS CAREFULLY*** **The main criterion pertaining to the MTN Scholars Program is *financial need*. This section is in the form of an AFFIDAVIT which needs to be completed in full by the applicant, and witnessed by a COMMISSIONER OF OATHS and by one further witness. These two witnesses may not be members of your immediate family.**
* **You are required to give clear and true responses to the questions below. These answers must be given by you under oath and witnessed by the two witnesses identified above. All answers must be initialled by the applicant, as well as by the two witnesses. The Commissioner of Oaths’ signature must be accompanied by his/her official stamp.**
* **The University of Cape Town considers this AFFIDAVIT to be a legally binding document and reserves the right to request you to furnish evidence of your answers/statements on this AFFIDAVIT. If it is found that you have provided information that is false or untrue, the University of Cape Town further reserves the right to disqualify your application and/or to cancel and recover any scholarship funds that may have been paid out to you.**
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**AFFIDAVIT****I, …………………………………………………………………. (ID/Passport No. …………………………………), the undersigned, do hereby declare that I have responded to the questions/statements below in a clear and true manner, as follows:****No. 1 INCOME**

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| **1.1 I, (Applicant’s name – PRINT ) ………………………………………………………………………………****I am employed. Tick the relevant box YES🞎 NO 🞎** * + 1. **If YES, state annual income (in the currency of place of employment) …………………………….**
		2. **If YES to 1.1 above, please state the currency …………………………….**

**1.2 Tick the relevant box(es) I live ALONE 🞎 with my - SPOUSE🞎 FATHER🞎 MOTHER🞎 BROTHER(S)🞎 SISTER(S)🞎 EXTENDED FAMILY MEMBERS🞎****1.2.1 If any of the boxes in 1.2 have been ticked, state annual income for each person: SPOUSE ………….……………. FATHER ……………….………. MOTHER …….…………………. BROTHER(S) …………….…………. SISTER(S) ……….……………….** **EXTENDED FAMILY MEMBERS …………….………….****1.2.2 Please indicate who the head(s) of the household is(are)** **Tick the relevant box(es) APPLICANT🞎 SPOUSE🞎 FATHER🞎 MOTHER🞎 BROTHER(S)🞎 SISTER(S)🞎 EXTENDED FAMILY MEMBER(S)🞎 GUARDIAN🞎** **1.2.2.1 Please indicate the occupational status of the head of the household 1****Tick the relevant box(es) Employee – Full Time Employment🞎 Employee – Part Time Employment🞎 Self-Employed – With Employees🞎 Self-Employed – Without Employees🞎 Retired – With Pension🞎 Retired – Without Pension🞎** **Not Employed🞎** **1.2.2.2 Where applicable, please indicate the occupational status of the head of the household 2****Tick the relevant box(es) Employee – Full Time Employment🞎 Employee – Part Time Employment🞎 Self-Employed – With Employees🞎 Self-Employed – Without Employees🞎 Retired – With Pension🞎 Retired – Without Pension🞎** **Not Employed🞎** **1.3 I (Applicant) receive a State/Government Grant Tick the relevant box YES🞎 NO🞎** **1.3.1 If YES state amount per month ……………….……….****1.3.2 If YES to 1.3 above, please state the currency …………………………….** | Confirmation of response to No. 1**Applicant’s initials ……………………......****Commissioner of Oath’s initials ……………………......****2nd Witness’s initials** **……………………......** |

**No. 2 PROPERTY**

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| **2.1 Do you own property? Tick the relevant box YES🞎 NO 🞎** **2.1.1 If you own the Property, is it Urban? Tick the relevant box YES🞎 NO 🞎** **2.1.2 If you own the property, is it Rural? Tick the relevant box YES🞎 NO 🞎** **2.1.3 If property is owned, state value of such property** **…………………………………………****2.1.4 If property is owned, state outstanding debt on such property (if any) …………………………………………****2.2 If you do not own the property on which you live, state the following:****My Tick the relevant box(es) SPOUSE 🞎 FATHER 🞎 MOTHER🞎 BROTHER(S)🞎****SISTER(S)🞎 EXTENDED FAMILY MEMBERS🞎 GUARDIAN🞎 own(s) the property on which I live.****2.2.1 If any of the above own the property, is it Urban? Tick the relevant box YES🞎 NO 🞎** **2.2.2 If any of the above own the property, is it Rural? Tick the relevant box YES🞎 NO 🞎** **2.2.3 State value of such property …………………………………………****2.2.4 State the outstanding debt on such property (if any) ………………………………………****2.2.5 If NO to 2.1, do you or a family member rent the property on which you live?**  **Tick the relevant box YES🞎 NO 🞎** **If YES to 2.2.5 above, state monthly rental paid for property ……………………………………** | Confirmation of response to No. 2**Applicant’s initials ……………………......****Commissioner of Oath’s initials ……………………......****2nd Witness’s initials ……………………......** |

**No. 3 QUALIFICATIONS OF FAMILY**

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| **3.1 Do/ does your SPOUSE🞎 FATHER🞎 MOTHER🞎 GUARDIAN🞎 hold any qualifications?** **Tick the relevant box YES🞎 NO 🞎** **3.2 If YES to No. 3.1 above, name the qualification and the institution from which the qualification was attained in the space provided below:*****SPOUSE* (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….****(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….*****FATHER* (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….****(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….*****MOTHER* (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….****(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….****GUARDIAN (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….****(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES🞎 NO 🞎** **STATE EXACT QUALIFICATION ……………………………………………………………………….** | Confirmation of response to No. 3**Applicant’s initials ……………………......****Commissioner of Oath’s initials ……………………......****2nd Witness’s initials ……………………......** |

**No. 4 INSURANCES**

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| **4.1 Do you have medical insurance?** **Tick the relevant box YES🞎 NO 🞎** **4.1.1 If you answered YES to 4.1 above, please name the Medical Insurance which you hold …………………………………………………………………………………………………………………****4.1.2 If you answered NO to 4.1 above, do you receive free state/government medical care?** **Tick the relevant box YES🞎 NO 🞎**  | Confirmation of response to No. 4**Applicant’s initials …………………….....****Commissioner of Oath’s initials …………………….....****2nd Witness’s initials …………………….....** |
| **No. 5 Confirmation of Income and Expenditure for all living in the HOUSEHOLD for past year (2014).** **Insert the relevant AMOUNT alongside the text in both columns below.** |
| **INCOME** | **EXPENDITURE** | Confirmation of response to No. 5**Applicant’s initials …………………….....****Commissioner of Oath’s initials …………………….....****2nd Witness’s initials** **…………………….....** |
| Salary - 1 | Rent/Mortgage |
| Salary - 2 | Property Rates |
| Salary - 3 | Utilities (electricity, gas, wood etc.) |
| Government Grant - 1 | Food and Household Necessities |
| Government Grant - 2 | Clothing |
| Child Maintenance Received | Medical Expenses |
| Other | Insurance (home, life, etc.) |
| Other | Transport |
| Other | Motor Vehicle(s) |
| Other | Taxes |
| Other | Entertainment/Travel |
| Other | Child Maintenance Payment(s) |
| Other | Other  |  |

**Applicant’s name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Witness 1’s name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Witness 1’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****This witness must be a Commissioner of Oaths and his/her official stamp must be applied in this space.*****Witness 2’s name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Witness 2’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |