

2. Details of person in respect of whom the application is made

Name

Date of commencement

Y	Y	Y	Y	M	M	D	D
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Contact name

Telephone (work) (home)

3. How we can communicate the decision to you

Telephone Fax Email Post

Details of above

4. Medical Report to be completed by medical practitioner

Diagnosis (or attach doctor's detailed letter of motivation and photographs)

Medical history

Treatment and medication required (attach detailed quotation from medical practitioner or service provider)

Member's motivation

Doctor's name

Signature

Practice number Date

Y	Y	Y	Y	M	M	D	D
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5. To be completed by the member

	Member	Spouse	Total
Gross salary	R	R	R
Gross pension	R	R	R
Other income	R	R	R
Total	R	R	R
Total deductions	R	R	R
Total net income	R	R	R
Monthly expenditure	R	R	R
Bond / rent	R	R	R
Municipal rates and taxes	R	R	R
Electricity and water	R	R	R
Telephone	R	R	R
Hire purchase payment/s	R	R	R
Please specify			
a)	R	R	R
b)	R	R	R
c)	R	R	R
Insurance premium payment/s	R	R	R
Transport	R	R	R
Domestic and garden help	R	R	R
Groceries	R	R	R
Clothing	R	R	R
Other	R	R	R
Total	R	R	R
Net income	R	R	R
Expenditure	R	R	R
Net cash surplus / deficit	R	R	R
Statement of assets			
Assets	Value	Liabilities	Value
Residential property	R		R
Owned			
Mortgage bonds	R		R
Other properties (supply details)			Bank overdraft
			R
			R
			R
Shares and investments	R	R	R
Loans	R	R	R
Debtors and loans (cash in bank)	R	R	R
Creditors	R	R	R
Other significant assets	R	R	R
Total	R	R	R

I, _____ (please print your name and surname) agree that by applying for ex gratia,

I accept that:

- The committee's decision is made according to the merits of each individual case and may not be used to justify a similar decision in future.
- The Scheme reserves the right to call for additional medical or such other information as it may determine in order to consider and process this application.
- Any decision the committee makes is based on the information I have supplied.

Signature

Date

Y	Y	Y	Y	M	M	D	D
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