



**THE SOUTH AFRICAN DENTAL ASSOCIATION**  
**BENEVOLENT FUND**

**CERTIFICATE OF EXISTENCE OF BENEFICIARY**

PLEASE NOTE: FAILURE TO RETURN THE COMPLETED CERTIFICATE WILL LEAD TO THE CESSATION  
OF GRANTS-IN-AID PAYMENTS

1. This portion must reflect the correct details of the beneficiary.

FULL NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_  
(PLEASE ATTACH A CERTIFIED COPY OF YOUR ID)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT NR'S: (TEL) \_\_\_\_\_ (CELL) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SADA BRANCH: \_\_\_\_\_

2. This portion must be completed by a Commissioner of Oaths.

I, \_\_\_\_\_, certify that the above-mentioned person  
appeared before me in person and identified him/herself satisfactorily.

CAPACITY: \_\_\_\_\_

OFFICIAL

SIGNATURE: \_\_\_\_\_

STAMP

DATE: \_\_\_\_\_

OF SIGNATORY

**IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT**



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**BENEVOLENT FUND**

In order to assess the financial status of the beneficiaries, the Fund Committee requires a detailed comprehensive financial statement completed by a bookkeeper. Please complete the form below and return it to:

*The Secretary, SADA Benevolent Fund, Private Bag 1, Houghton, 2041*

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COMPANY NAME: \_\_\_\_\_

BOOKKEEPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BENEFICIARY: \_\_\_\_\_

ASSETS: (specify) \_\_\_\_\_ R \_\_\_\_\_

**MONTHLY FINANCIAL INFORMATION:**

**Income:**

- |    |                       |         |
|----|-----------------------|---------|
| 1. | Pension               | R _____ |
| 2. | Annuities             | R _____ |
| 3. | Interest              | R _____ |
| 4. | Employment            | R _____ |
| 5. | Other (specify) _____ | R _____ |

TOTAL: R \_\_\_\_\_

**Expenditure:**

- |    |                                   |         |
|----|-----------------------------------|---------|
| 1. | Rent                              | R _____ |
| 2. | Electricity, water, rates, levies | R _____ |
| 3. | Medical – Treatment & Medication  | R _____ |
| 4. | Transport                         | R _____ |
| 5. | Other (specify) _____             | R _____ |

TOTAL: R \_\_\_\_\_

I, \_\_\_\_\_, a SADA Benevolent Fund beneficiary, hereby certify that the information as set out above is a true and correct reflection of my financial position.

Beneficiary's signatory: \_\_\_\_\_ Date: \_\_\_\_\_