



# WIDOWS AND ORPHANS FUND

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## FINANCIAL FORM

POF NO: ..... (For office use)

### DETAILS OF MEMBER

PERSAL NO: ..... RANK: .....

INITIALS AND SURNAME ..... DATE OF DEATH: .....

### INFORMATION OF DEPENDANTS

INITIALS AND SURNAME OF THE WIDOW/WIDOWER/GAURDIAN:

..... ID NO: .....

RESIDENTIAL ADDRESS: .....

..... Code: .....

POSTAL ADDRESS: .....

..... Code: .....

TEL(W) ..... (H) ..... (C) .....

EMAIL.....

### FINANCIAL POSITION OF WIDOW/WIDOWER (PROOF OF ALL INCOME AND EXPENDITURE IS REQUIRED)

#### INCOME (Monthly)

Pension (REQUIRE BANK STATEMENT) R .....

Interest on Investments R .....

Other income (not salary) R .....

Total R .....

#### EXPENDITURE (Monthly)

House rent, Flat rent, Boarding R .....

Levy (eg Flats or Complex) R .....

Rates , Water, Lights R .....

Polmed Membershipfees R .....

Extraordinary own care (eg Nursing) (Doctor's letter) R .....

Formal school expenditure (only school fund per month) R .....

Telephone rent R .....

TOTAL R .....

NET INCOME R .....

**I take note that the grant made to a widow/widower automatically ceases on my remarriage and I will inform this office about my intended marriage.**

SIGNATURE OF WIDOW/WIDOWER.....DATE: .....