



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/GUARDIAN:

..... 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)	<u>R</u>
Total	R

EXPENDITURE (Monthly)

House rent, Flat rent, Boarding	R
Levy (eg Flats or Complex)	R
Rates , Water, Lights	R
Polmed Membership fees	R
Extraordinary own care (eg Nursing) (Doctor's letter)	R
Formal school expenditure (only school fund per month)	R
Telephone rent	<u>R</u>

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: