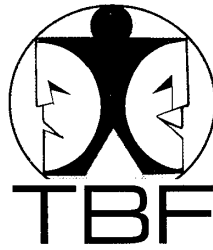


TEATERBYSTANDSFONDS

POSBUS 583
 HALFWAY HOUSE
 1685

Sel: 072 4012 206
 e-Pos: tbf@live.co.za
 Faks: 086 6671 102

**THEATRE BENEVOLENT FUND**

P O BOX 583
 HALFWAY HOUSE
 1685

Cell: 072 4012 206
 e-Mail: tbf@live.co.za
 Fax: 086 6671 102

APPLICATION FORM FOR A NON-REPAYABLE MONTHLY GRANT

ALL DETAILS REFLECTED ON THIS COMPLETED APPLICATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL ONLY BE KNOWN TO NOMINATED AND ELECTED MEMBERS OF THE TBF BOARD OF MANAGEMENT

A PERSONAL DETAILS:

Legal Surname:	
Forenames:	
Stage / Professional Name:	
Date of Birth:	
Identity Number:	
Are you a South African Citizen:	
Marital Status: (Single / Married / Divorced)	
Full Names of Spouse:	
Number of Dependants and Ages:	
Residential Address	
Postal Address:	

AMPSDRAERS/OFFICE BEARERS: B P H Snow, G L van Niekerk, G van Niekerk (snr), R W P Terry, G Viljoen, R Loaring, D Butler, R van der Westhuizen, JJP Linde, H H Van Der Hoven (Treasurer), L Meiring, A Fridjhon

Goedgekeur as 'n Openbare Weldaadsorganisasie kragtens artikel 30 gelees met artikel 18A van die Inkomstebelastingwet, 1962 (soos gewysig) Verwysingsnommer: 930 000 322

Approved as a Public Benefit Organisation in terms of section 30 read with section 18A of the Income Tax Act, 1962 (as amended)
 PBO reference number: 930 000 322

Telephone and e-Mail:	Home:
	Work:
	Mobile:
	e-Mail:
Tax Reference Number:	
Do you live on your own:	YES / NO
Are you the owner of your place of dwelling:	YES / NO
Name & Surname of Closest Relative / Friend NOT residing at the same address:	
Relationship to you:	
Address:	
Telephone Number	Home:
	Work:
	Mobile:
I have been a Professional Member of the Entertainment Industry in my capacity as:	
For how many years:	

B DETAILS OF INCOME:

Please indicate whether you are:	
Retired:	
Freelancing Part Time:	
Unemployed:	
Physically unable to work:	
If Retired, state whether you receive a pension	YES / NO

Name of Pension Fund:	
Amount per month:	R
Please provide details of any other form of regular income (part-time work, retirement annuities, investments, fixed property etc):	
Average Monthly Income	R
	R
	R
TOTAL MONTHLY INCOME	R
If physically unable to work, state details of cause and result / nature of impairment:	

C DETAILS OF ASSETS

Item	Description	Total Value
Fixed Property (Full Details)		R
Shares		R
Motor Vehicles, caravans, boats, motor cycles		R
Cash in Bank, building Societies and other institutions		R
Cash On Hand		R
Furniture	Approximate Value – Do not itemise	R
Personal effects e.g. jewellery, painting and fire-arms	Approximate Value – Do not itemise	R
Other Assets, including assets held outside the Republic	Approximate Value – Do not itemise	R
TOTAL ASSETS		R

D DETAILS OF AVERAGE MONTHLY EXPENSES

Item	Description	Total Value
Accommodation (Rent, Bond Repayments etc)		R
Water, Electricity, Gas		R
Groceries		R
Telephone		R
Travel – Bus / Train / Fuel / Repairs Etc		R
Laundry – Dry Cleaning / Washing / Ironing		R
Clothing		R
Medical Expenses for Chronic Ailments		R
Insurance – Long and Short Term		R
Other:		R
		R
		R
		R
		R
TOTAL AVERAGE MONTHLY EXPENSES		R

E MEDICAL DETAILS

Are you a member/beneficiary of a Medical Aid Fund (Or of your partners fund)	YES	NO
If YES, is this a Comprehensive Scheme or a Hospital Plan only?	Comprehensive	Hospital Plan
If NO, do you enjoy medical benefits as a State Patient?	YES	NO
Please provide details of any chronic illness / ailment / disability requiring regular medical treatment or medication:		

F BANKING DETAILS

The TBF can only deposit your monthly grant by EFT, directly into your current / savings account on the first business day of each month to avoid postal delays and missing payments. Please provide the following details:

Name of Bank or Building Society:	
Branch where account is held:	
Branch Code:	
Account Number:	
Type of Account	

I, the undersigned, acknowledge that I have read and understood the attached rules governing the granting of a non-repayable monthly grant of the TBF and that I undertake to inform the TBF of any change to my residential address. I warrant the above details and particulars submitted by myself to be true and correct.

_____ Date: _____
 Signature of Applicant