



AFFIDAVIT CONTAINING FINANCIAL DETAILS

**IMPORTANT NOTICE
YOU ARE REQUIRED TO READ THIS CAREFULLY**

- The main criterion pertaining to The Mastercard Foundation Scholars Program is academic ability, *financial need and leadership potential*. This section is in the form of an AFFIDAVIT which needs to be completed in full by the applicant, and witnessed by a COMMISSIONER OF OATHS and by one further witness. These two witnesses may not be members of your immediate family.
- You are required to give clear and true responses to the questions below. These answers must be given by you under oath and witnessed by the two witnesses identified above. All answers must be initialled by the applicant, as well as by the two witnesses. The Commissioner of Oaths' signature must be accompanied by his/her official stamp.
- **The University of Cape Town considers this AFFIDAVIT to be a legally binding document and reserves the right to request you to furnish evidence of your answers/statements on this AFFIDAVIT. If it is found that you have provided information that is false or untrue, the University of Cape Town further reserves the right to disqualify your application and/or to cancel and recover any scholarship funds that may have been paid out to you.**

AFFIDAVIT

I, (ID/Passport No), the undersigned, do hereby declare that I have responded to the questions/statements below in a clear and true manner, as follows:

No. 1 INCOME

<p>1.1 I, (Applicant's name – PRINT) I am employed. Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>1.1.1 If YES, state annual income (in the currency of place of employment)</p> <p>1.1.2 If YES to 1.1 above, please state the currency</p> <p>1.2 Tick the relevant box(es) I live ALONE <input type="checkbox"/></p> <p>1.3 Tick the relevant box(es) I live with my - SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBERS <input type="checkbox"/> GUARDIAN <input type="checkbox"/></p> <p>1.3.1 If any of the boxes in 1.3 have been ticked, state annual income for each person: (in the currency of place of employment) SPOUSE FATHER MOTHER BROTHER(S) SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN</p> <p>1.3.2 If any of the boxes in 1.3 have been ticked, please state the currency for each person: SPOUSE FATHER MOTHER BROTHER(S) SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN</p> <p>1.4 Please indicate who the head(s) of the household is(are) Tick the relevant box(es) APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBER(S) <input type="checkbox"/> GUARDIAN <input type="checkbox"/></p> <p>1.4.1 Please indicate the occupational status of the head of the household 1 Tick the relevant box(es) Employee – Full Time Employment <input type="checkbox"/> Employee – Part Time Employment <input type="checkbox"/> Self-Employed – With Employees <input type="checkbox"/> Self-Employed – Without Employees <input type="checkbox"/> Retired – With Pension <input type="checkbox"/> Retired – Without Pension <input type="checkbox"/> Not Employed <input type="checkbox"/></p> <p>1.4.2 Where applicable, please indicate the occupational status of the head of the household 2 Tick the relevant box(es) Employee – Full Time Employment <input type="checkbox"/> Employee – Part Time Employment <input type="checkbox"/> Self-Employed – With Employees <input type="checkbox"/> Self-Employed – Without Employees <input type="checkbox"/> Retired – With Pension <input type="checkbox"/> Retired – Without Pension <input type="checkbox"/> Not Employed <input type="checkbox"/></p> <p>1.5 I (Applicant) receive a State/Government Grant Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>1.5.1 If YES to 1.5 above, state amount per month</p> <p>1.5.2 If YES to 1.5 above, please state the currency</p>	<p>Confirmation of response to No. 1</p> <p>Applicant's initials</p> <p>Commissioner of Oath's initials</p> <p>2nd Witness's initials</p>
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<p>1.6 Tick the relevant box(es) My SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBERS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> receive a State/Government Grant</p> <p>1.6.1 If any of the boxes in 1.6 have been ticked, state amount per month for each person: SPOUSE FATHER MOTHER BROTHER(S) SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN</p> <p>1.6.2 If any of the boxes in 1.6 have been ticked, please state the currency for each person: SPOUSE FATHER MOTHER BROTHER(S) SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN</p>	<p>Confirmation of response to No. 1</p> <p>Applicant's initials</p> <p>Commissioner of Oath's initials</p> <p>2nd Witness's initials</p>
<p>No. 2 PROPERTY</p> <p>2.1 Do you own residential property? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.1.1 If you own the Property, is it in an Urban area? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.1.2 If you own the property, is it in a Peri-Urban area? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.1.3 If you own the property, is it in a Rural area? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.1.4 If property is owned, state value of such property</p> <p>2.1.5 Please state the currency of the property value</p> <p>2.1.6 If property is owned, state outstanding debt on such property (if any)</p> <p>2.1.7 Please state the currency of outstanding debt on property if any)</p> <p>2.2 If you do not own the property on which you live, state the following: My Tick the relevant box(es) SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBERS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> own(s) the property on which I live. If "Other" please specify the relationship you have with the property owner</p> <p>2.2.1 If any of the above own the property, is it in an Urban? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.2.2 If any of the above own the property, is it in a Peri-urban? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.2.3 If any of the above own the property, is it Rural? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.2.4 State value of such property</p> <p>2.2.5 State the outstanding debt on such property (if any)</p> <p>2.2.6 Please state the currency of outstanding debt on property (if any)</p> <p>2.2.7 If NO to 2.1, do you or a family member rent the property on which you live? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2.2.8 If YES to 2.2.5 above, state monthly rental paid for property</p> <p>2.2.9 Please state the currency of the monthly rental (if any)</p>	<p>Confirmation of response to No. 2</p> <p>Applicant's initials</p> <p>Commissioner of Oath's initials</p> <p>2nd Witness's initials</p>
<p>No. 3 QUALIFICATIONS OF FAMILY</p> <p>3.1 Do any of the following hold ANY qualifications: Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> SIBLING/S <input type="checkbox"/></p> <p>3.2 If YES to No. 3.1 above, name the qualification and the institution from which the qualification was attained in the space provided below: For SPOUSE (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>For FATHER (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>For MOTHER (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>For GUARDIAN (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION</p> <p>(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Confirmation of response to No. 3</p> <p>Applicant's initials</p> <p>Commissioner of Oath's initials</p> <p>2nd Witness's initials</p>



STATE EXACT QUALIFICATION For SIBLING/S (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION (ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> STATE EXACT QUALIFICATION	Confirmation of response to No. 3 Applicant's initials Commissioner of Oath's initials 2nd Witness's initials
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No. 4 INSURANCES 4.1 Do you have medical aid/insurance? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> 4.1.1 If you answered YES to 4.1 above, please name the Medical Aid/Insurance which you hold 4.1.2 If you answered NO to 4.1 above, do you receive free state/government medical care? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/>	Confirmation of response to No. 4 Applicant's initials Commissioner of Oath's initials 2nd Witness's initials
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No. 5 Confirmation of Income and Expenditure for all living in the HOUSEHOLD for the past 12 months from making the application year. Insert the relevant AMOUNT alongside the text in both columns below.				
INCOME	VALUE	EXPENDITURE	VALUE	
Salary - 1		Rent/Mortgage		Confirmation of response to No. 5 Applicant's initials Commissioner of Oath's initials 2nd Witness's initials
Salary - 2		Property Rates		
Salary - 3		Utilities (electricity, gas, wood etc.)		
Government Grant - 1		Food and Household Necessities		
Government Grant - 2		Clothing		
Child Maintenance Received		Medical Expenses		
Other		Insurance (home, life, etc.)		
Other		Transport		
Other		Motor Vehicle(s)		
Other		Taxes		
Other		Entertainment/Travel		
Other		Child Maintenance Payment(s)		
Other		Other		

No. 6 Other 6.1 Do you have a passport? Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> 6.1.1 If you answered YES to 6.1 above, please describe when, where, and why you have used it 6.2 What form of transportation do you use to get to school? 6.3 Where and how do you access the internet?	Confirmation of response to No. 6 Applicant's initials Commissioner of Oath's initials 2nd Witness's initials
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(please tick)



Shortlisted applicants will be notified and will be required to submit documentary evidence of the information provided within the affidavit.

Applicant's name (PRINT) _____

Applicant's Signature _____ Date _____

Witness 1's name (PRINT) _____

Witness 1's Signature _____ Date _____

This witness must be a Commissioner of Oaths and his/her official stamp must be applied in this space.

Witness 2's name (PRINT) _____

Witness 2's Signature _____ Date _____