

I, the undersigned (Name and Surname) _____

State in English under oath:

1 I am an adult male/female person, with ID number _____, residing at _____

My contact number is _____ and my e-mail address is _____

Select only the relevant options from the following and complete detail where applicable:

2 I am a registered SASSA beneficiary and receipt a (type) _____ Grant of R _____ per month.

3 The following SASSA Gold cards were issued to me:

	Card Number	On Date	At which PO/SASSA Office
1			
2			
3			

OR

I did not receive my (type) _____ Grant of R _____ for the month of _____

4 I do not have a SASSA Gold card in my possession.

5 I was however informed by SASSA that a Postbank SASSA account with number _____ was opened in my name and that my monthly grant is paid in that account. I have no knowledge of such an account and did not open it myself, nor did I give any person the right to do so on my behalf. It is clear to me that my identity was stolen and a false Postbank account was opened in my name and my Identity Number. I want this matter to be investigated.

6 I am still using my existing account at _____ bank with account number _____.

7 In which Bank account did you receive last month's payment?

- ABSA Bank Capitec Bank EasyPay/GrinRod
- FNB Nedbank Postbank
- SASSA Card Account Standard Bank
- Other, (specify) _____

Did you do a card swop within the past thirty days?

 Yes

 No

If, Yes – where _____

Did you do a card replacement/reissue within the last thirty days?

 Yes

 No

If, Yes – where _____

8

I am disputing the following transactions:

Date	Amount	Comments
1		
2		
3		
4		
5		

9

I know and understand the contents of this Affidavit and have no objection of taking the prescribed OATH. I consider the OATH as binding to my conscience.

Thumbprint of
Illiterate
beneficiary

Signature of Beneficiary

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn before me and the

deponent's signature was placed thereon in my presence at the _____

Post Office on this _____ day of _____ 20____ at (time) _____

SIGNATURE: _____

COMMISSIONER OF OATHS (RSA): Ex Officio

FULL NAMES AND SURNAME (PRINT): _____

DESIGNATION: (RANK) _____

BRANCH NAME: _____

ADDRESS: _____

CONTACT NUMBER/BRANCH NUMBER: _____

DATE: _____

Date Stamp

Please email this Affidavit to fraud@postbank.co.za

Ensure the following documents are included:

- Original certified copy of the beneficiary's ID or the front and back of the Smart ID Card,
- Copy of the front and back of the SASSA card.