Statutory Instrument386of 1985.

National Heroes' Dependants Assistance Regulations, 1985

IT is hereby notified that the Minister of Labour, Manpower Planning and Social Welfare has, in terms of section 25 of the National Heroes' Dependants Assistance Act, 1984, made the following regulations:—

1. Title

These regulations may be cited as the National Heroes' Dependants Assistance Regulations, 1985.

2. Application for registration and for State assistance

An application for registration as a dependant of a national hero and for State assistance, in terms of section 12 of the Act, shall be made on the form set out in the Schedule.

SCHEDULE (Section 2)

			F	ORM					
	APPLICATIONFOR REGISTRATION	AND STATE ASSISTA	NCE BYA 1	DEPENDANT	Γ OF A NAT	IONAL H	ERO IN TER	MSOFSECTION 12	OFTHE
		NATIONAL HERO	DES' DEPE	NDANTSASS	SISTANCE A	ст, 1984			
ſ	having	been a dependant	t of						
a n	national hero (hereinafter call ssistance and my particulars a	ed a hero) do here							
			SEC	TION A					
		Person	nal parti	culars of	applicant	t			
11. 22. 33. 44. 55. 66. 77. 88.	First name(s) National Registration num Relationship to hero Citizenship Maiden name (in respect of Residential address Postal address State in what	way and for how	to	want	extent	you	were	dependant	upon
	articulars of hero's children to Name	Date o	of birth				Place o	of birth	

.....

1.	Occupation
2.	Name and address of present employer
3.	Salary per month \$
4.	Are you in receipt of any pension benefit or award of any kind public or private? Yes/No
5.	If yes, please give details (like name of fund and amount of benefit)
<i>J</i> .	
6. 7.	If self-employed, state monthly earnings from self employment \$
8.	If you are the owner—
	(a) are you the occupier Yes/No
	any portion let Yes /No
9.	Is the property mortgaged Yes/No
10.	Amount of monthly bond repayment \$
11.	Which organization or individual granted the bond—
	(a)Name
	(b)Address
12.	Who is now responsible for looking after you?
13.	What is his/her relationship to the hero?
14.	To what extent is he/she maintaining you?
15.	To what extent are you in need of support?
	SECTION C
	Specimen signature of applicant
TI	Signature
The	normal signature or right thumb print in the case of illiterate applicants is to appear in the space
	r.t.p.
indi	cated.
	SECTION D
(to b	be completed by applicant in the presence of a member of the Department of Social Welfare) *Declaration by applicant*
I	(full names)
	by declare that the information given by me in this application is to the best of my knowledge and belief true and ect in every respect. I understand that any false statement on this form may render me liable to prosecution.
I als	o declare that this application has been read to me and fully explained in a language which I understand and that I

I also understand that, while in receipt of State assistance, I must keep the Department of Social Welfare informed of any change of address and of any significant change in my financial circumstances.

have no further facts to add to my application.

Applicant's signature Mark or R.T.P. Examiner's signature

Date

Office held

THE REMAINING SECTIONS OF THIS FORM AREFOR OFFICIAL USE ONLY

SECTION E

The underlisted documents have been checked: Birth certificate Marriage certificate Children's birth certificates I recommend/do not recommend payment of the following allowance 2. \$ per month Widow Children (per child) Other dependants

Remarks: rd members	 	•••••	• • • • • • • • • •		Date	 	