Social and Youth Development Division
Social Welfare Section

✉ 59
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SOCIAL & YOUTH DEVELOPMENT DIVISION
SOCIAL WELFARE SECTION

APPLICATION FORM: SUBSIDISED PUBLIC TRANSPORT SERVICE PEOPLE LIVING WITH DISABILITIES AND PENSIONERS

PERSONS WITH DISABILITIES	PENSIONERS

Instructions:

1. **This form must be completed by a Community Development Officer: Social Welfare in the presence of the applicant.**
2. **Where provisions are made, answer with an X in the appropriate box.**
3. **All questions must be answered.**
4. **All applications must be verified by Section Head: Social Welfare in accordance with documentary evidence.**
5. **The completed form must be submitted to the Manager: Community Development Division for recommendation.**
6. **Transport Identification cards will only be issued to the beneficiaries upon approval of application by SE: Economic Development & Community Services.**

FOR OFFICIAL USE ONLY:	
Date of receipt / Stamp **……..**	**Completed by: Community Development Officer** **……** **Verified by: Section Head (SWS)** **…….** **Recommended by: Manager (CD)** **…….** **Approved by: SE (EDCS)** **…….**

SECTION A: IDENTIFY DETAILS

DETAILS	APPLICANT	SPOUSE
Surname		
First Names		
Maiden Name (if applicable)		
Gender (M/F)		
Identity Number		
Date of Birth (DD/MM/YYYY)		
Pensioner (Yes/No), if yes, Pension Card Number		
Disability (if applicable)		
Contact Number		
Address (Residential)		

SECTION B: MARITAL STATUS (mark with X where applicable)

Single				
Married	In community of property		By ante-nuptial contract	
Divorced				
Widow				
Widower				

SECTION C: FINANCIAL INCOME

Source of income	Applicant (Amount)	Spouse (Amount)	Employer	Total
Permanent employment				
Casual employment				
Pension fund				
State grant				

SECTION D: RESIDENCE

Residential Qualification	Domicile: Resident of Windhoek	Yes/No	Local Area				
	Namibian Citizen	Yes/No	Region of Birth:				
Disability Status	Physically Challenged	Yes/No	Adult		Minor		
	Blind	Yes/No	Adult		Minor		
	Paralysed	Yes/No	Adult		Minor		
	Lost Limbs	Yes/No	Adult		Minor		
	Mentally Challenged	Yes/No	Adult		Minor		
	Other						
Elderly Persons	No Assistance Need Assistance	Yes/No Yes/No					

DECLARATION

1. **I, the undersigned, hereby apply for the benefit indicated in the application form and declare that:**
   - **(a) The particulars furnished in this application form are, to the best of my knowledge and belief, true and correct.**
   - **(b) I have not withheld and will not in future withhold any information that may influence the benefit of transport within the city.**
   - **(c) I am aware that the benefit applies to Windhoek residents and is subject to review should I leave the City permanently.**
   - **(d) I undertake to inform Social Welfare section immediately of any change of residence as furnished in the application form.**
   - **(e) I am aware that I render myself liable to prosecution if I**
   - **(i) authorize any member of my family to use my card; or**
   - **(ii) make false statements in this application form or during any future review.**

2. **(a) Are you familiar with, and do you understand the content of the above declaration?**

Yes □ No □

(b) Do you have any objection to taking the prescribed oath?

Yes □ No □

(c) Do you consider the prescribed oath/affirmation to be binding on your conscience?

Yes □ No □

I hereby certify that I have been asked the above mentioned questions and that my replies as noted above have been written down in my presence on the

Day _____ of _____, 20____.

Signature of applicant / Thumbprint: _____
Signed and Sworn/Affirmed before me at Windhoek on this _____ day _____ 20_____.
The deponent has acknowledged that she/he knows and understands the content of the affidavit.

I certify further that the Deponent in my presence uttered the following words:
"The contents of this affidavit are true and correct, so help me God"

I/We truly affirm that the contents of this declaration are true.

_____ Ex officio

Full name: _____
Address: _____
Capacity: _____

THE SECTION HEAD
SOCIAL & YOUTH DEVELOPMENT DIVISION
SECTION: SOCIAL WELFARE

1. **The under mentioned documents indicated with an X are attached as required.**

Pension Card	
Identity Card	
Municipal Statement / Letter from the Community leader	

2. **It is confirmed that:**
   (a) The applicant

3. **Remarks……**
   ……

It is hereby certified that this application has been carefully assessed and that all information furnished has been substantiated by the required documentary evidence or in prescribed manner.

……
SECTION HEAD

…….
PLACE

…….
DATE