

## APPLICATION FOR BENEVOLENT SCHEME GRANT\*

All applications should be sent directly to ABSA being the Agency administering the grants for the LPC at the following case sensitive e-mail address:

Email: [LPCBScheme@absa.africa](mailto:LPCBScheme@absa.africa)

By signing and submitting the application you consent to Absa processing your personal information

**Note:** the grant:

- Is a once-off and non-repayable amount of not more than R5 000,00
- Will be disbursed by ABSA, as agent of the LPC
- Is for qualifying recipient
- Is granted on terms determined by the LPC
- Is to provide financial support required due to COVID-19 impact

### Personal Information:

1.	First Name/s:								
2.	Surname:								
3.	ID Number: <i>*attach certified copy of your ID</i>								
4.	Physical (home) Address:								
5.	Postal Address (if not same physical address):								
6.	Cell Phone Number:								
7.	Home Telephone Number:								
8.	Work Telephone Number:								
9.	Status (tick in appropriate block):	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widower	<input type="checkbox"/>	Divorcee	<input type="checkbox"/>
10.	Bank Details: <i>*attach a copy of your most recent bank statement</i>	Name of Bank							
		Account Number							
		Branch Name							
		Branch Code							
		Account Type	Savings/ Transmission	<input type="checkbox"/>	Cheque/ Current	<input type="checkbox"/>			

11.	Please indicate which of the below applies to you (tick in appropriate block):		
	I am an attorney		I am an advocate
	I am a candidate attorney		I am a pupil advocate
	Date of admission		
	Date of commencement of articles/pupillage, in the case of a candidate legal practitioner		
12.	Please provide full particulars of (11) above, including the name and address and contact details of your firm/the firm by which you are employed/the Bar Council to which you belong and the person to whom you are articulated or with whom you are serving pupillage:		
13.	Please provide full details of the circumstances that give rise to your application, with specific reference to the impact of COVID-19 and the lockdown.		

<b>14. Assets:</b>	
(a)	<b>Immovable:</b> Please provide a brief description of the asset/s, where situated and the valuation thereof <i>(for example 2-bedroomed house, on a plot sized ....m2, situated at)</i>
(b)	<b>Movable</b> Please indicate whether you have any of the below mentioned:
i.	<b>Furniture and personal effects (state value)</b>  
ii.	<b>Cash or savings in banking, government or financial institutions (state value)</b> <b>*plus attach documentary proof</b>
iii.	<b>Shares, investments or debentures (state value) *plus attach certified copy of documentary proof</b>
iv.	<b>Insurance policies (state value and condition) *plus attach documentary proof</b>
v.	<b>Other (provide full details) *plus attach documentary proof</b>

## 15. Liabilities:

(a) Mortgage bonds held by you (state value), with details of arrears, i.e. number of months in arrears and amount in arrears **\*plus attach documentary proof**

(b) Provide full details with respect to any liabilities (that is debits owed, stop orders deducted from your income, account or loans being paid off) with details of any arrears, i.e. number of months in arrears and amount in arrears **\*plus attach documentary proof**

## 16. Income:

Provide full particulars of your usual total income, inclusive of "other income", per month and specify the sources completing below:

Net Income of the Applicant must be less than R30 000.00 per month to qualify for the once off R5000.00 grant.

Is your monthly Net Income less than R30 000.00?

YES

NO

(a)	Remuneration (that is Salary, Wages etc):	R	PER MONTH
(b)	Other:	R	PER MONTH
		R	PER MONTH
		R	PER MONTH
		R	PER MONTH
	TOTAL:	R	PER MONTH

Provide full particulars of all amounts not paid to you by your employer, including information about any contributions not paid to third parties on your behalf, including medical aid, pension or provident fund contributions, PAYE or other taxes, UIF etc

[illegible]

## 17. Living Expenses:

**Please provide details (*in below table*) of your monthly living expenses, including cost of accommodation (where applicable), education fees for dependants, food, clothing, electricity, rates, water, telephone, medical bills, transport, entertainment etcetera) \*plus attach documentary proof. PLEASE NOTE THAT SHOULD THE PROOF NOT BE RECEIVED, THE APPLICATION MAY NOT BE CONSIDERED.**

	EXPENDITURE	AMOUNT
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
		<i>R PER MONTH</i>
	TOTAL MONTHLY EXPENDITURE ±	R

18.	If you contribute to the support of any dependants, please complete details of those contributions and dependants below:
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	<i>Name of Dependant</i>	<i>Age</i>	<i>Contribution</i>	<i>Nature of dependency</i>

19.	Please indicate whether you have any major children or any parents who are able to assist you financially. If so, provide details of the extent of the assistance.			
20.	Please give any further relevant information, which would assist the LPC in determining whether a grant may be allocated			
21.	Should you receive or have applied for a grant, donation or other benefit from any other entity e.g. UIF, the Solidarity Fund, another Society or a religious organization, please advise by completing the following table:			
	Name of Entity	Amount Received	How often Received	How long have you received amount
22	Can Absa contact you to tell you about interesting offers or products that may be of interest? Yes/No			

**SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2020.**

## VERIFYING STATEMENT

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I, the undersigned (*insert full names of applicant*)

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understanding that the provision by me of any false statement or documentation will render me liable to disciplinary proceedings, do hereby say that -

- 1) I am the applicant;
- 2) to the best of my knowledge and belief, the replies given by me above are true and correct in every respect.
- 3) I consent for the LPC and its administrative agency to verify validity of my information provided herein, including my bank account details and Identity, for purposes of this application.

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**SIGNATURE OF THE APPLICANT**