



APPLICATION FOR EX GRATIA ASSISTANCE

- Please complete this application form in BLOCK CAPITALS.
- Please complete ALL sections of this application form in full.
- Once completed, please return this form by email to enquiries@wooltruhealthcarefund.co.za.
- For enquiries, please contact us on **0802 228 922**, or by email at enquiries@wooltruhealthcarefund.co.za.

MEMBER'S DETAILS

Name

Surname

Employee number ID number

Postal address

Code

Marital status Married Single Number of dependants

Telephone (W) (H)

YOUR MEMBERSHIP INFORMATION

Period of membership with Wooltru Healthcare Fund Years Months

Membership number

Have you ever considered upgrading to the Comprehensive Option? Yes No

If not, why? _____

Your benefit option

Network

Saver

Saver Choice

Comprehensive

YOUR MOTIVATION FOR ASSISTANCE

1. A brief summary (to be completed by the applicant) of the background events leading to, and the reasons for, the application for assistance.

Please attach any other supporting documentation, which may assist in the evaluation of this application, such as copies of outstanding medical or dental accounts or doctor's evaluation.

2. Have you applied to Woolworths/Truworths for assistance before and what assistance have you received?

3. Are you claiming from any other source? This includes medical gap cover. Yes No

If yes, please provide details:

FINANCIAL INFORMATION

Please attach the following documents:

- A copy of your latest pay/pension advice.
- A copy of your spouse's latest pay/pension advice.

FINANCIAL STANDING This section must be completed in full.

What is your monthly income?

	Principal member	Spouse
Nett salary	<input type="text" value="R"/>	<input type="text" value="R"/>
Nett pension	<input type="text" value="R"/>	<input type="text" value="R"/>
Dividends	<input type="text" value="R"/>	<input type="text" value="R"/>
Interest on investments	<input type="text" value="R"/>	<input type="text" value="R"/>
Part-time work	<input type="text" value="R"/>	<input type="text" value="R"/>
Other (specify below)	<input type="text" value="R"/>	<input type="text" value="R"/>
Total monthly income	<input type="text" value="R"/>	<input type="text" value="R"/>

If you have indicated that you receive monthly income from other sources, please specify:

ASSETS AND LIABILITIES This statement must be completed in full.

Assets	Estimated value
Residential property owned	R
Other properties (supply details)	R
Share and investments	R
Cash in bank	R
Furniture	R
Vehicles	R
Other significant assets	R
Total	R

Liabilities	Estimated value
Residential property mortgage bond	R
Other properties mortgage bond	R
Loans overdraft	R
Bank overdraft	R
Creditors	R
Vehicles	R
Other significant liabilities	R
Total	R

MONTHLY EXPENSES This section must be completed in full.

Itemise your expenses in broad categories.

Expenses	Amount
Rent/bond/levies	R
Medical aid	R
Credit card	R
School fees	R
Maintenance	R
Loan repayments	R
Transport	R
Clothing	R
Entertainment	R
Water and electricity	R
Rates and taxes	R
Telephone	R
TV licence/M-Net, etc.	R
Groceries/meat/toiletries/cleaning materials	R
Hire purchase, e.g. furniture, vehicle	R
Assurance: Life	R
Assurance: Endowment	R
Assurance: Retirement	R
Insurance: Household	R
Wages: Domestic	R
Wages: Gardener	R
Other	R
Total monthly expenditure	R

DECLARATION

I, the undersigned, declare that the foregoing is a true statement of my financial affairs.

Signature	Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		