

**HEAD OFFICE:**  
 Government Employees Pension Fund  
 Special Pensions  
 34 Hamilton Street  
 Pretoria



**SPA 1**

*[For office use only]*

SP No:

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Private Bag X68  
 Pretoria  
 0001

**TEL: 0807 723 646 (TOLL FREE)**

**TO BE COMPLETED BY APPLICANTS WHO QUALIFY FOR A SPECIAL PENSION IN THEIR OWN RIGHT [SECTION 6Abis (1)]**

**(Right to pension of persons 30 years of age or between 30 and 35 years of age on 1 December 1996)**

Have you applied for a Special Pension before?

Yes	No
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If yes, what is your SP no?

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**PART 1: PERSONAL INFORMATION OF APPLICANT WHO SERVED**

1.1	Surname	
1.2	Full names	
1.3	Title	
1.4	Marital Status	
1.5	Identity/Passport number	
1.6	Home address	
1.7	Postal address	
1.8	Postal code	
1.9	Contact number (Tel)	
1.10	Contact number (Cell)	
1.11	Names of dependants/family members	

Name	Relationship	Identity number

Applicant initial \_\_\_\_\_

Official initial \_\_\_\_\_

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**PART 2: QUALIFYING QUESTIONS**

<b>2.1</b>	<b>Date of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2.2</b>	<b>Are you a citizen of the Republic of South Africa?</b>			Yes	No				
<b>2.3</b>	<b>If you are not a citizen of the Republic of South Africa are you entitled to a citizenship?</b>			Yes	No				
<b>2.4</b>	<b>If your answer was yes in 2.3, state the reasons for such an entitlement.</b>								
<b>2.5</b>	<b>Were you prevented from providing for a pension prior to 2 February 1990?</b>			Yes	No				
<b>2.6</b>	<b>What is the name of the political organisation/s you served prior to 2 February 1990?</b>								
<b>2.7</b>	<b>Furnish full details of any sacrifice you made or public interest you served with the aim of establishing a non-racial, democratic constitutional order.</b>								

\* Note, if the space provided is not enough please provide an attachment

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**2.8** State the period/periods prior to 2 February 1990 during which you were engaged full-time in the service of a political organisation/s that prevented you from providing for a pension.

<b>From</b>	Y	Y	Y	Y	M	M	D	D	<b>To</b>	Y	Y	Y	Y	M	M	D	D	<b>Place of service</b>	
<b>From</b>	Y	Y	Y	Y	M	M	D	D	<b>To</b>	Y	Y	Y	Y	M	M	D	D	<b>Place of service</b>	

**2.9** Did you receive any remuneration from an institution, other than that political organisation/s during the period/periods that you were engaged in its full time service prior to 2 February 1990?

	Yes	No
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**2.10** If so, provide details of the remuneration received and the institution from which it was received.

	Details of remuneration	Institution

**2.11** Were you prevented from providing for a pension because you were restricted, banned, banished, or prevented from leaving or being at a particular place prior to 2 February 1990 as a result of an order issued in terms of any law?

	Yes	No
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**2.12** Which place/places were you restricted, banned, banished or prevented from leaving or being at, as a result of the order?

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**2.13** In terms of which law was the order issued?


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<b>2.14</b>	<b>Were you prevented from providing for a pension because you were imprisoned prior to 2 February 1990 for any offence committed with a political objective?</b>	Yes	No
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<b>2.15</b>	<b>If your answer was yes in 2.14 please provide details.</b>
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<b>From</b>	Y	Y	Y	Y	M	M	D	D	<b>to</b>	Y	Y	Y	Y	M	M	D	D	<b>Place of imprisonment/ detention</b>		<b>Nature of crime</b>	
<b>From</b>	Y	Y	Y	Y	M	M	D	D	<b>to</b>	Y	Y	Y	Y	M	M	D	D	<b>Place of imprisonment/ detention</b>		<b>Nature of crime</b>	

<b>2.16</b>	<b>Describe the political objective/s with which you committed the offence/offences.</b>

<b>2.17</b>	<b>Provide the names of people with knowledge of your service.</b>
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Name	Surname	Contact detail	Organisation to which the person belongs	Address if known

**Please attach the following required documents:**

**Certified copies of:**

- Identity document
- All supporting documents (newspapers, prison records, etc)
- Detailed political biography (when, where, how, period served, nature of service, political objective)
  - Articles (newspapers, magazines, etc)
  - Banning orders
  - Restriction orders
  - VRAF (Voluntary Repatriation Application Form) (if available)
- Certificate of service: Political organisation
- Marriage certificate or customary marriage affidavit
- Any other documents as required by Special Pensions
- Two supporting affidavits confirming service

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## AFFIDAVIT

I, the undersigned (Full Names), \_\_\_\_\_

1. I am the applicant whose details appear in this application form;
2. The content of the said application form falls within my personal knowledge, unless stated otherwise, and are both true and correct;

\_\_\_\_\_  
DEPONENT SIGNATURE

\_\_\_\_\_  
IDENTITY NUMBER

\_\_\_\_\_  
DATE

1. I certify that before administering the oath/affirmation I asked the deponent the following and wrote down his/her answers in his/her presence.

1.1. Do You Know And Understand The Contents Of The Declaration?

Answer: \_\_\_\_\_

1.2. Do You Have Any Objection In Taking The Prescribed Oath?

Answer: \_\_\_\_\_

1.3. Do You Consider The Prescribed Oath To Be Binding On Your Conscience?

Answer: \_\_\_\_\_

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which was signed and affirmed before me at \_\_\_\_\_(Place) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATHS (NAME)

\_\_\_\_\_  
COMMISSIONER OF OATHS (SIGNATURE)

\_\_\_\_\_  
DATE

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**SECTION A: RECEIPT OF APPLICATION [For Office Use]**

**Dear Applicant**

This is to confirm receipt of your application. Once assessed you will be advised of further progress.

If you have any queries relating to your application or the process please contact the nearest regional office.

*To be completed by the Office Administrator:*

Acknowledge submission of application forms Applicant's information	
<b>Surname</b>	
<b>Full Names</b>	
<b>Title</b>	
<b>Identity/ Passport number</b>	
<b>Signature of applicant</b>	
<b>Date of submission</b>	

Acknowledge receipt of application form Administrator's Information	
<b>Surname</b>	
<b>Name</b>	
<b>Regional Office</b>	
<b>Regional Office contact no:</b>	
<b>Signature</b>	
<b>Date of receipt</b>	

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**SECTION B: RECEIPT OF APPLICATION**

**Dear Applicant**

This is to confirm receipt of your application. Once assessed you will be advised of further progress.

If you have any queries relating to your application or the process please contact the nearest regional office.

*To be completed by the Office Administrator:*

Acknowledge submission of application forms Applicant's information	
<b>Surname</b>	
<b>Full Names</b>	
<b>Title</b>	
<b>Identity/ Passport number</b>	
<b>Signature of applicant</b>	
<b>Date of submission</b>	

Acknowledge receipt of application form Administrator's Information	
<b>Surname</b>	
<b>Name</b>	
<b>Regional Office</b>	
<b>Regional Office contact no:</b>	
<b>Signature</b>	
<b>Date of receipt</b>	

***\* Tear off this page and provide to applicant \****