

VERIFICATION OF HOUSING ALLOWANCE ACCORDING TO PSCBC

RESOLUTION NO 3 OF 1999 PART IV, PARAGRAPH 2.1 (b)

(IF EMPLOYEE'S SPOUSE IS WORKING FOR THE STATE)

PARTICULARS OF EMPLOYEE

Surname & Initials :.....
Persal no :.....
Department :.....
Directorate :.....
ID No :.....

SPOUSE DETAILS

Department / Institution:
Surname & Initials:
Persal no:
ID No:

PARTICULARS OF THE PROPERTY FOR WHICH HOUSING ALLOWANCE IS RECEIVED OR APPLIED FOR

Street name :.....
Number :.....
Suburb :.....
Town / City :.....
Designation :.....
Signature :.....
Date :.....

DECLARATION BY DEPARTMENT EMPLOYING SPOUSE

This department hereby declares that Mr / Ms.....
does receive/does not receive housing allowance.

Contact Person :.....
Tel No :.....
Fax No :.....

