

## Evidence of Dependent Maintenance

This document is provided as evidence of the maintenance and financial support provided to the dependent named below. All supporting information and documentation are attached as required.

## Dependent Information

**Name of Dependent:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Relationship to Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Sponsor Information

**Name of Sponsor:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Summary of Maintenance

Please provide a summary of the types and amounts of support given to the dependent (e.g., financial, housing, medical, educational).

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## Supporting Documentation

Attached are copies of bank transfers, receipts, correspondence, housing agreements, or other documents supporting the maintenance of the dependent.

## Declaration

I declare that the information provided above is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_