

ID NUMBER OF APPLICANT													

NSFAS Declaration Form



This form only applies to applicants who are 34 years old or younger.

To be completed in detail, with egible handwriting, in black ink. No correction fluid to be used. Corrections to be initialed by all parties. The form is to be completed in CAPITAL LETTERS.

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies relating to parent/guardian-child relations of the applicant. NSFAS is committed to ensuring that the personal information obtained from third parties is treated confidentially to protect the privacy of the persons whose personal information is made available to NSFAS. NSFAS is further committed to protecting the personal information and to use that personal information in a lawful manner. Kindly note that NSFAS is exempt from processing data to the extent that it is in pursuance of its public duty. NSFAS thus reserves the right to validate all information and details provided by the applicant and parent/guardian against independent third party data sources.

I confirm that by voluntarily submitting any personal information to NSFAS, in any form, it constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties, and to obtain relevant information from third parties.

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SURNAME (as	per ID document)									•									
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b) I do kr	now my father a	and can p	provide l	his ID doo	cument or	death certifi	cate.	Υ	N										
c) I do no	ot know my mo	ther or h	er where	eabouts a	nd I am fi	inancially dep	pende	nt on m	y gua	rdian(s). Y	N							
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AS costs in respect of this applicant and may be held criminally liable.

SIGNATURE OF		S
FATHER/		N
GUARDIAN		G

TO BE COMPLETED BY A SOCIAL WORKER **OR** YOUR SCHOOL/ PRINCIPAL:

(Full Name & Surname as per ID Document) in my capacity(position) at the Department of Social Development, hereby confirm that the
(Name and Surname) (ID number of applicant); is to the best of my knowledge, both true and corre
(ID number of applicant); is to the best of my knowledge, both true and corre
DATE OF SIGNATURE Y Y Y Y M M M D
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(ID number of applicant); is to the best of my knowledge, both true and correct
DATE OF SIGNATURE
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Disclaimer and Signature of Applicant

By signing this application form, I accept and understand that this application does not guarantee that I will receive NSFAS administered funding. I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily in order to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that any false or inaccurate information or documentation submitted may render the application invalid and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as provisionally funded by NSFAS, funding is only confirmed and processed on receipt by NSFAS of valid registration costs from a public higher education institution for an approved funded programme. I accept that funding granted would be governed by the NSFAS Eligibility Criteria & Conditions for Financial Aid terms of NSFAS which may be amended annually, and that I will comply with the annual requirements funding.

By submitting this application, I understand, acknowledge and accept the terms and conditions contained in the NSFAS Bursary and Loan Agreement. The NSFAS Bursary and Loan Agreement terms and conditions can be found on the NSFAS website www.nsfas.org.za.

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