

SURNAME, INITIALS OF APPLICANT (As per ID document)

APPLICANT ID NUMBER												

## ORPHAN OR VULNERABLE CHILD FORM

This form is only to be completed by applicants who are under the age of 18, who are orphans who are vulnerable children in that they have been exposed to abuse, neglect, exploitation, risk of violence and substance abuse.

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

## DEPARTMENT OF SOCIAL DEVELOPMENT DECLARATION

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies relating to the employment status and level of income of the guardians of the applicant. NSFAS is committed to ensuring that the personal information obtained from third parties is treated confidentially and to protecting the privacy of the persons whose personal information is made available. NSFAS is further committed to using that information and to use that personal information in a lawful manner.

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. Third parties include government departments and entities, credit bureaus, institutions of higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit and income validations to assess my financial eligibility, criminal checks, legal proceedings, audit and record-keeping purposes, debt tracing and/ or debt recovery purposes, securing funding on my behalf and to verify academic and registration data as required. The personal information to be obtained from SARS shall relate only to the employment status and income.

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To be completed by Social Wo	ker										
I, the undersigned		d Surname as per ID Document) in my capacity as									
		Department of Social Development, hereby declare th									
//D	(Name and Surname of Applicant)	)									
required verifications were done.	Inerable child or orphan cohort. I declare that the inform	ation furnished herein is true and correct and that all									
PLEASE TICK THE APPLICABLE BOX											
EXISTING CASE: NEW CA	E:										
		DATE OF SIGNATURE									
SIGNATURE OF SOCIAL WORKER		Y Y Y M M D D									
SURNAME, FULL NAME OF SOCIAL WORKER (AS	ER ID DOCUMENT)										
ID NUMBER OF SOCIAL WORKER	CELLPHONE NUMB	CELLPHONE NUMBER									
SACSSP REGISTRATION NUMBER	EMAIL ADDRESS										

## Discialmer 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 of 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.

		DATE OF SIGNATURE							
SIGNATURE OF APPLICANT		Υ	Υ	Υ	Υ	IVI	M	D	D