

[illegible]

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.

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.

SURNAME, INITIALS OF APPLICANT (As per ID document)

[illegible]

I, the undersigned _____ (Full Name and Surname as per ID Document) in my capacity as _____ (position) at the Department of Social Development, hereby declare that _____ (Name and Surname of Applicant)

(ID number Applicant) falls under the vulnerable child or orphan cohort. I declare that the information furnished herein is true and correct and that all required verifications were done.

PLEASE TICK THE APPLICABLE BOX

EXISTING CASE:		NEW CASE:	
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SIGNATURE OF SOCIAL WORKER	
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DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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SURNAME, FULL NAME OF SOCIAL WORKER (AS PER ID DOCUMENT)

[illegible]

ID NUMBER OF SOCIAL WORKER

[illegible]

CELLPHONE NUMBER

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SACSSP REGISTRATION NUMBER

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EMAIL ADDRESS



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.

SIGNATURE OF APPLICANT	
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DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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