

SIGNATURE OF

FATHER/

GUARDIAN

ID NUMBER OF APPLICANT												

## **NSFAS Declaration Form**

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

• This form is used to verify parental/guardian details.

To be completed in detail, with legible 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.

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. NSFAS 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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SIGNATURE OF

MOTHER/

GUARDIAN

Y Y Y Y M M D D

DATE OF SIGNATURE

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

	(nosition)	(Full Name & Surname as per ID Document) in my capacity a(position) at the Department of Social Development, hereby confirm that the								
declaration and information provided by the Applic	(position) a ant	t the Department of Social	(Name and Surname of							
applicant)	(ID numbe	(ID number of applicant); is to the best of my knowledge, both true and corre								
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SIGNATURE OF SOCIAL WORKER			DATE OF SIGNATURE  Y Y Y Y M M D D							
CELLPHONE NUMBER OF SOCIAL WORKER										
SACSSP REGISTRATION NUMBER	EMAIL ADDRESS									
, the undersigned(position) atas(position) atand information provided by the Applicant  Surname of Applicant)			chool) hereby confirm that the declaration(Name and of my knowledge, both true and correct.							
SCHOOL NAME										
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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, it is only confirmed and processed on receipt by NSFAS of valid registration costs from a further or 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 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 or 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	IVI	M	D	D