



National Student Financial Aid Scheme

ID NUMBER OF APPLICANT

[Grid for ID number]

NSFAS Declaration Form

- 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.

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.

To be completed by the Applicant

FIRST NAMES (in full, as per ID document)

[Grid for first names]

SURNAME (as per ID document)

[Grid for surname]

PLEASE TICK THE RELEVANT APPLICABLE BOX

I do hereby declare the following:

- a) I do know my mother and can provide her ID document or death certificate.
b) I do know my father and can provide his ID document or death certificate.
c) I do not know my mother or her whereabouts and I am dependent on my guardian(s).
d) I do not know my father or his whereabouts and I am dependent on my guardian(s).

By signing this form, I acknowledge and am aware that if NSFAS discovers that this declaration is false, that I will be required to repay all NSFAS funds for all academic years and may be held criminally liable.

SIGNATURE OF APPLICANT and DATE OF SIGNATURE fields

To be completed, by parent(s) or guardian(s)

I, the undersigned (Full Name & Surname as per ID Document);

PLEASE TICK THE RELEVANT APPLICABLE BOX

FATHER OR GUARDIAN ID NUMBER field

I, the undersigned (Full Name & Surname as per ID Document);

PLEASE TICK THE RELEVANT APPLICABLE BOX

MOTHER OR GUARDIAN ID NUMBER field

By signing this form, I acknowledge and am aware that if NSFAS discovers that this declaration is false, that I will be held personally responsible for all NSFAS costs in respect of this applicant and may be held criminally liable.

SIGNATURE OF FATHER/GUARDIAN and DATE OF SIGNATURE fields

