

OF PARENT

# NSFAS Declaration of parent(s)/guardian(s) details for applicants



This form is only for applicants who are 34 years old or younger and cannot provide any parental/guardian details.

#### APPLICATION FOR FINANCIAL ASSISTANCE TO STUDY AT A PUBLIC UNIVERSITY OR TVET COLLEGE

#### DEPARTMENT OF SOCIAL DEVELOPMENT OR SCHOOL PRINCIPAL DECLARATION

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies relating to parent/guardian-child relations of 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.

|  | SURNAME, INITIALS OF APPLICANT   |   |  |  |                                  |   |   |                                 |   |   |   |  |  | ID NUMBER OF APPLICANT                       |                   |                         |  |                         |         |                   |                                |                |        |       |         |                  |
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## PLEASE CHOOSE WHETHER A SOCIAL WORKER OR YOUR SCHOOL PRINCIPAL IS TO COMPLETE ONE OF THE TWO SECTIONS BELOW:

| To be completed by Social Wor  |   |  |                                 |          | _        |         |          |          |
|--|---|--|---------------------------------|----------|----------|---------|----------|----------|
| the undersigned  |   | position) at the Depart  | (Full Nam<br>tment of Social De |          |          |         |          |          |
| eclaration and information provided by                                   | the Applicant                             |  |                                 |          | (        | (Name   | e and S  | urname   |
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| SIGNATURE OF<br>SOCIAL WORKER  |   |  |                                 |          | OF SIGNA | TV      | M M      | D        |
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| ONTACT NUMBER OF SOCIAL WORKER   |   |  |                                 |          |          |         |          |          |
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| CSSP REGISTRATION NUMBER   | EMAIL ADDRESS                             |  |                                 |          |          |         |          |          |
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| , the undersigned  | f school last attended<br>(Full           | Name and Surname) i  | n my capacity as                |          |          |         | (posi    | tion) at |
| Applicant  | (Full<br>(Name<br>(Name a                 | Name and Surname) i<br>of School) hereby conf<br>nd Surname of Applica | irm that the decla              | ration a | and info | rmatio  | on prov  |          |
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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 ineligible and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as eligible, 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 National Bursary Rules and Guidelines of the Department of Higher Education and Training which may be amended annually, and that I will comply with the annual requirements of funding. NSFAS will email a full NSFAS Bursary Agreement on receipt of valid registration data.

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

|                           | DATE | OF SIG | NATU | RE |     |   |   |   |
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| SIGNATURE<br>OF APPLICANT | Y    | Υ      | Υ    | Υ  | IVI | M | D | D |