

SIGNATURE OF GUARDIAN

Declaration of parent(s) details for NON-SASSA applicants.



This form is only for those students who claims not to have family details and/or abridged birth certificate.

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 the employment status and level of income of the parents or guardians 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. 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 guardian against independent third-party data sources.

I concur with the statements of my guardian below and that the following statements are By signing this form, I acknowledge and am aware that if NSFAS discovers that this declar funds for all academic years and may be held criminally liable. FIRST NAMES (in full, as per your ID document) SURNAME (as per your ID document) CELLPHONE NUMBER SIGNATURE OF STUDENT						ID NUMBER									
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To be completed by Guardian															
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ID NUMBER OF GUARDIAN															
I do hereby declare that I concur with statement by the applicant above, and that the follo	win	a are	true												
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a) I do not know my mother/ nor her whereabouts and cannot provide her ID number of b) I do not know my father/ nor his whereabouts and cannot provide his ID number or a										icalio	n.				
c) None of my surviving family know my parents/ nor their whereabouts and cannot pro identification.										a me	ans c	of			
Please explain the circumstances that led to you becoming the guardian of this student:															
Places indicate as aforted data are served to the control of the c			,.			_									
Please indicate as of what date you assumed the role of guardian for this student: By signing this form, I acknowledge and am aware that if NSFAS discovers that this dec	Y	Y	Υ	IVI	IVI	D	D								

DATE OF SIGNATURE

PLEASE CHOOSE WHETHER A SOCIAL WORKER OR YOUR SCHOOL PRINCIPAL IS TO COMPLETE ONE OF THE TWO SECTIONS BELOW:

	(Full Name and Surname) in my capacity
as	(position) at the Department of Social Development hereby confirm that
the declaration and information provided	
Surname of student) and correct.	(ID number student); is to the best of my knowledge, both true
3110 0011001.	
SIGNATURE OF	DATE OF SIGNATURE
SOCIAL WORKER	Y Y Y M M D D
D NUMBER OF SOCIAL WORKER	CELLPHONE NUMBER
SACSSP REGISTRATION NUMBER	EMAIL ADDRESS
Student_ is to the best of my knowledge, both true a	(Name of School) hereby confirm that the declaration and information provided by th(Name and Surname of student)(ID number student and correct.
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Disclaimer and Signature of Student

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	DATE								
SIGNATURE OF STUDENT	YY	Υ	Υ	IVI	M	D	D			