

ID NUMBERS OF FAMILY MEMBERS.

HUSBAND: 6907205379084

SON: 1407235390081

YOUR ID NUMBER

8 4 0 8 0 5 0 6 0 0 0 8 6



National Student Financial Aid Scheme


Consent Form


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

NSFAS requires personal information from SARS and/or other 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 and to protecting 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 and transparent manner. The personal information obtained from third parties will only be used to assess and process the applicant's application; to verify previous academic records, to ensure that the applicant receives the appropriate level of financial support from NSFAS; to confirm and verify the identity and income of the parent or guardians of the applicant; legal proceedings; for audit and record keeping purposes; and for debt tracking and/or debt recovery purposes. You and your parents/guardians are required to provide consent for NSFAS to use and verify the information you provide by signing the form.

I hereby give consent that NSFAS may verify the income information provided through third parties. I hereby give consent under section 69(6)(b) of the Tax Administration Act, 2011, that my/our taxpayer information in the records of the South African Revenue Service may be disclosed to NSFAS to the extent that it relates to my/our employment status and my/our levels of income.


I confirm that by voluntarily submitting any personal information to NSFAS, in any form, constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties including government departments, credit bureaus, institutions of higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit checks, criminal checks, securing funding on my behalf and to verify academic and registration data as required.

SIGNATURE OF STUDENT  DATE 29.11.2017

SIGNATURE OF PARENT (father/stepfather/guardian)  DATE


SURNAME, INITIALS CELL PHONE NUMBER

ID NUMBER INCOME TAX NUMBER

SIGNATURE OF PARENT (mother/stepmother/guardian)  DATE

SURNAME, INITIALS CELL PHONE NUMBER

ID NUMBER INCOME TAX NUMBER

SIGNATURE OF SPOUSE/PARTNER (if applicable)  DATE 29.11.2017

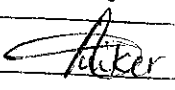
SURNAME, INITIALS CELL PHONE NUMBER

ID NUMBER INCOME TAX NUMBER

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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 a NSFAS loan or bursary. 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 incorrect or inaccurate information or documentation submitted may adversely affect the manner in which NSFAS may comply with its obligations. I understand that if my application for financial aid is approved, the loan or bursary agreement must be signed within 30 days after registration or NSFAS reserves the right to withdraw the approved loan or bursary. I will then be liable for all fees at the university/college.

YOUR SIGNATURE  DATE 29.11.2017