



National Student Financial Aid Scheme

YOUR ID NUMBER

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## Consent Form

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

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 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 and for audit and record keeping 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 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
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SIGNATURE OF FATHER/ GUARDIAN		DATE
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SURNAME, INITIALS

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ID NUMBER

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CELL PHONE NUMBER

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SIGNATURE OF MOTHER/ GUARDIAN		DATE
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SURNAME, INITIALS

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ID NUMBER

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CELL PHONE NUMBER

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SIGNATURE OF SPOUSE/ PARTNER (if applicable)		DATE
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SURNAME, INITIALS

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ID NUMBER

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CELL PHONE 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 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 bursary agreement must be signed within 30 days after registration or NSFAS reserves the right to withdraw the approved bursary. I will then be liable for all fees at the university/college.

SIGNATURE OF STUDENT		DATE
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# Umfolozi Nsfas Application Form 2015

**Siddappa N.Byrareddy**



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