

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |

**BURSARY AGREEMENT FORM:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2019** | For use by NSFAS Head Office | | | |
| Acc No. |  | Bursary No. |  |

Important Note:

NSTITUTION STAMP



I

03 Sep 2020

* Any alterations to the form must be signed by the Student.
* Scan and attach to the email a certified copy of your South African Identity Document.

•South African citizen.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICULARS OF STUDENT** Please fill out as reflected on your ID document\*: | | | | |
| \* Surname: |  | Maiden surname (If applicable) | |  |
| \* First Names |  | | | |
| \* ID Number |  | | | |
| Title |  | \* Date of birth |  | |
| Gender | ☐Male ☐Female | | | |

# Do you have a disability?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

☐Multiple ☐Emotional ☐Intellectual ☐Physical ☐Communication ☐ Hearing ☐Sight ☐Other

|  |  |
| --- | --- |
| If other, please specify: |  |

# Race (for statistical purposes only)

☐African ☐Asian ☐Coloured ☐Indian ☐White

# Marital Status

☐Single ☐Married ☐Divorced ☐Widowed



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |

Physical Home Address (not a P.O. Box)

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address |  | Municipality |  |
| City/Town |  | Province |  |
| Country |  | Postal Code |  |

Postal Address (if different from home address):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| City/Town |  | | | | | Province | | | |  | | | | | |
| Postal code |  | | | | | | | | | | | | | | |
| Home telephone |  | | | | | Cell phone | | | |  | | | | | |
| Email Address (Institution) |  | | | | | Email Address (Personal) | | | |  | | | | | |
| **PARTICULARS OF NEXT OF KIN DETAILS** | | | | | | | | | | | | | | | |
| Surname |  | | | Name | | | |  | | | | | Title |  | |
| Relationship (parent, legal guardian, sibling, spouse, partner, other): | | | | | | | |  | | | | | | | |
| Address (if different from above) |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| City/Town |  | | | | | | Province | | | |  | | | | |
| Country |  | | | | | | Postal Code | | | |  | | | | |
| Home telephone |  | | | | | | Work telephone | | | |  | | | | |
| Cell phone |  | | | | | |  | | | | | | | | |
| **PARTICULARS OF STUDY** | | | | | | | | | | | | | | |  |
| Institution | |  | Campus | |  | | | | Student Number | | |  | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_N\_\_D\_\_D\_L\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR USE BY NSFAS Head Office**

ACCEPTED on behalf of NSFAS at CAPE TOWN on this……………….. day of 20…………….



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course of Study** (B Science, B Commerce etc. Please complete in full, no abbreviations) |  | | |
| **Specialisation** |  | | |
| **Level of study** (Academic level that the Student has progressed to, i.e. 1st Year, 2nd |  | | |
| **NSFAS TOTAL DEBT** | | | |
| Bursary Amount (subject to Bursary Conditions) | **R** | Aggregate Symbol |  |

# I declare that I have read and understood the content of this Schedule of Particulars and that the information supplied is true and correct.

Signed by the STUDENT at ………………………………. on this…………… day of 20………….

|  |  |
| --- | --- |
| AS WITNESSES’ |  |
| 1 ………………………………………………………………. | ………………………………………………………………. |
|  | STUDENT SIGNATURE |
| 2 ………………………………………………………………. | ………………………………………………………………. |
|  | PARENT/GUARDIAN SIGNATURE\* |
| [\*Any Student under the age of majority (18) must obtain the assistance and signature of his/her parent or legal guardian.] | |

|  |  |
| --- | --- |
| AS WITNESSES |  |
| 1 ……………………………………………………………….  2 ………………………………………………………………. | ………………………………………………………………. National Student Financial Aid Scheme  Duly authorised thereto |