NSFAS
National Student Financial Aid Scheme

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.

I confirm that by voluntarily submitting any personal information to NSFAS, in any form, it constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties, and to obtain relevant information from third parties.

SURNAME, INITIALS OF APPLICANT

ID NUMBER OF APPLICANT

CONTACT NUMBER OF APPLICANT

–

To be completed by Applicant

I, the undersigned _____(Full Name and Surname of applicant) do hereby declare that I concur with the statements of my guardian below and that the following statements are true,

By signing this form, I acknowledge and am aware that if NSFAS discovers that this declaration is false, that I will be required to repay all NSFAS 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)

CONTACT NUMBER

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SIGNATURE OF APPLICANT

DATE OF SIGNATURE

Y Y Y Y M M D D

To be completed by Parent(s)/ Guardian(s)

I, the undersigned _____(Full Name and Surname of parent/ guardian 1);

ID NUMBER OF PARENT / GUARDIAN 1

I, the undersigned _____(Full Name and Surname of parent/ guardian 2);

ID NUMBER OF PARENT/ GUARDIAN 2

I do hereby declare that I concur with statement by the applicant above, and that the following are true:

a) I do not know my mother/ nor her whereabouts and cannot provide her ID number or any other documents as a means of identification.
b) I do not know my father/ nor his whereabouts and cannot provide his ID number or any documents as a means of identification.
c) None of my surviving family know my parents/ nor their whereabouts and cannot provide their ID numbers or any documents as a means of identification.
d) I do know my parent(s) and their whereabouts, but NSFAS cannot verify our parent-child relationship.

Please explain the circumstances that led to you becoming the guardian of this Applicant:_____

_____

Please indicate as of what date you assumed the role of guardian for this Applicant: Y Y Y Y M M D D

By signing this form, I acknowledge and am aware that if NSFAS discovers that this declaration is false, that I will be held personally responsible for all NSFAS costs in respect of this applicant and may be held criminally liable.

SIGNATURE OF PARENT /GUARDIAN

DATE OF SIGNATURE

Y Y Y Y M M D D

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

To be completed by Social Worker

I, the undersigned_____(Full Name and Surname) in my capacity as _____(position) at the Department of Social Development hereby confirm that the declaration and information provided by the Applicant _____(Name and Surname of applicant) _____(ID number applicant); is to the best of my knowledge, both true and correct.

SIGNATURE OF SOCIAL WORKER

DATE OF SIGNATURE Y Y Y Y M M D D

CONTACT NUMBER OF SOCIAL WORKER

SACSSP REGISTRATION NUMBER

EMAIL ADDRESS

To be completed by Principal of school last attended

I, the undersigned_____(Full Name and Surname) in my capacity as_____(position) at the _____(Name of School) hereby confirm that the declaration and information provided by the Applicant_____(Name and Surname of Applicant)_____(ID number applicant); is to the best of my knowledge, both true and correct.

EMIS NUMBER

EMAIL ADDRESS

SCHOOL NAME

CONTACT NUMBER OF PRINCIPAL

SIGNATURE OF APPLICANT

DATE OF SIGNATURE Y Y Y Y M M D D

SCHOOL STAMP

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.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE Y Y Y Y M M D D