NSFAS
National Student Financial Aid Scheme

ID NUMBER OF APPLICANT

NSFAS Declaration Form

This form only applies to applicants who are 34 years old or younger.

To be completed in full, clear and legible handwriting. Use black ink only. Use of correction fluid not allowed. Any corrections to be initialled by all parties. The form is to be completed in CAPITAL LETTERS.

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies relating to parent/ legal guardian-child relations 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 the processing of personal information to the extent that this is in pursuance of its public duty. NSFAS thus reserves the right to validate all information and details provided by the applicant and parent/ legal 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.

To be completed by Applicant

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

By signing this form, I confirm that I understand that if this declaration is found to be false, I may be required to repay all NSFAS funding received and may face criminal prosecution.

FIRST NAMES (in full, as per ID document)

SURNAME (as per ID document)

I do hereby declare that the following statements are true:

a) Is your father on your application? Y N

b) If your father is not on your application, please provide the reason why he is not on your application

c) Is your mother on your application? Y N

d) If your mother is not on your application, please provide the reason why she is not on your application

To be completed by parent(s) or legal guardian(s) or spouse(s)

I, the undersigned _____(Full Name & Surname as per ID Document);

PLEASE TICK THE APPLICABLE BOX

FATHER ☐ OR LEGAL GUARDIAN ☐ OR SPOUSE ☐ ID NUMBER

I, the undersigned _____(Full Name & Surname as per ID Document);

PLEASE TICK THE APPLICABLE BOX

MOTHER ☐ OR LEGAL GUARDIAN ☐ OR SPOUSE ☐ ID NUMBER

By signing this form, I confirm that I understand that if this declaration is found to be false or misleading, I may be held personally liable for all costs incurred by NSFAS in relation to the applicant and may be subject to criminal prosecution.

SIGNATURE OF FATHER/ SPOUSE/ LEGAL GUARDIAN		SIGNATURE OF MOTHER/SPOUSE/ LEGAL GUARDIAN		DATE OF SIGNATURE Y Y Y Y M M D D

APPLICANT INITIALS

TO BE COMPLETED BY A SOCIAL WORKER **OR** YOUR SCHOOL PRINCIPAL:

To be completed by Social Worker

I, the undersigned_____(Full Name & Surname as per ID Document) 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 of 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

CELLPHONE NUMBER OF SOCIAL WORKER

			–							

SACSSP REGISTRATION NUMBER

EMAIL ADDRESS

To be completed by Principal of school last attended

I, the undersigned_____(Full Name & Surname as per ID Document) 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 of applicant); is to the best of my knowledge, both true and correct.

EMIS NUMBER

EMAIL ADDRESS

SCHOOL NAME

CELLPHONE NUMBER OF PRINCIPAL

			–							

SIGNATURE OF PRINCIPAL		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 invalid and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as eligible for funding by NSFAS, funding is only confirmed and processed upon 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 NSFAS Eligibility Criteria & Conditions for Financial Aid which may be amended annually, and that I will comply with the annual requirements for initial and continued funding.

By submitting my NSFAS application, I understand, acknowledge and accept the terms and conditions contained in the NSFAS Bursary and/or Loan Agreement. The NSFAS Bursary and Loan 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