



National Student Financial Aid Scheme

APPLICANT ID NUMBER

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NSFAS Consent Form



NSFAS reserves the right to validate all information and details provided by the applicant and parent / legal guardian/spouse against independent third party data source.

NO ELECTRONIC SIGNATURES.

To be completed in full, clear and legible handwriting. Use black ink only. Use of correction fluid not allowed.

Any corrections to be initiated by all parties.

TO BE COMPLETED IN CAPITAL LETTERS

NSFAS requires personal information from agencies relating to the employment status and level of income of the parent/ legal guardian/spouse 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 manner. You and your parents/ legal guardians/spouse are required to provide consent for NSFAS to use and verify the information you provide by signing this form. NSFAS reserves the right to validate all information and details provided by the applicant and parents/ legal guardians/spouse 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. Third parties include government departments and entities, credit bureaus, institutions of higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit and income validations to assess my financial eligibility, criminal checks, legal proceedings, audit and record-keeping purposes, debt tracing and/ or debt recovery purposes, securing funding on my behalf and to verify academic and registration data as required. The personal information to be obtained from SARS shall relate only to the employment status and income.

SIGNATURE OF
APPLICANT
(1 OF 2)

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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TO BE COMPLETED BY PARENT(S)/ LEGAL GUARDIAN(S)/SPOUSE(S)

PLEASE TICK THE APPLICABLE BOX

FATHER ☐ OR LEGAL GUARDIAN ☐ OR SPOUSE ☐

ID NUMBER

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SIGNATURE OF FATHER/
SPOUSE/ LEGAL GUARDIAN

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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INITIALS (As per ID Document)

SURNAME (As per ID Document)

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EMAIL ADDRESS

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CELLPHONE NUMBER

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PLEASE TICK THE APPLICABLE BOX

MOTHER ☐ OR LEGAL GUARDIAN ☐ OR SPOUSE ☐

ID NUMBER

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SIGNATURE OF MOTHER/
SPOUSE/ LEGAL GUARDIAN

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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INITIALS (As per ID Document)

SURNAME (As per ID Document)

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EMAIL ADDRESS

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CELLPHONE NUMBER

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PLEASE TICK THE APPLICABLE BOX

SPOUSE ☐ OR LEGAL GUARDIAN ☐

ID NUMBER

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SIGNATURE OF SPOUSE/
LEGAL GUARDIAN (if applicable)

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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INITIALS (As per ID Document)

SURNAME (As per ID Document)

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EMAIL ADDRESS

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CELLPHONE NUMBER

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Disclaimer and signature of applicant

By signing this consent 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 NSFAS approved as funding 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 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 this application, I understand, acknowledge and accept the terms and conditions contained in the NSFAS Bursary and Loan Agreement. The NSFAS Bursary and Loan Agreement terms and conditions can be found on the NSFAS website (www.nsfas.org.za) or contact our toll free number 0800067327 for any queries.

SIGNATURE
OF APPLICANT
(2 OF 2)

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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