APPLICATION FORM FOR NEW NSFAS APPLICANTS



WHO MAY APPLY FOR FINANCIAL AID?

· South African citizens.

GENERAL INSTRUCTIONS

- Please read these notes carefully before completing the application form. Make sure that you read every section and that the information you provide is accurate.
- You must write your identity (ID) number in the top righthand corner of every page of the application form and on every page of all supporting documents.
- Application forms submitted without ALL supporting documents will not be processed by NSFAS.
- NSFAS will process only the first application that we receive. Please do not submit more than one application unless NSFAS requests you to do so.
- NSFAS requires either a cell phone number or email address in order to communicate with you during the application process. If you do not already have an email address, you can create a free email account on Google at www.gmail.com, or on Yahoo at www.yahoo.co.za or any other free email service.
- If your application is successful, NSFAS will use the cell phone number which you write on the application form to pay some of your student allowances by cell phone youcher.
- If you do not already have a bank account, please open a bank account at any bank such as Postbank, ABSA, Capitec, FNB, Standard Bank, Nedbank or others. Some student allowances will be paid into your bank account.

Closing Dates

ANNUAL, FIRST SEMESTER & FIRST TRIMESTER REGISTRATIONS

- The closing date for submitting applications and all completed supporting documents for students who are already studying at a university or FET college, but who are applying for NSFAS financial aid for the first time, is
 15 December for the following academic year.
- The closing date for learners to submit applications with all completed supporting documents is 10 January of the academic year for which they are registering.

SECOND SEMESTER REGISTRATION

 For new applicants who want to apply for financial aid before the second semester registration, the closing date for submitting applications and all completed supporting documents is 15 June.

SECOND TRIMESTER AND THIRD TRIMESTER REGISTRATIONS

 The closing date for applications and supporting documents for new applicants for financial aid second trimester registrations are 31 March and for third trimester registrations are 31 July.

Please send your application form and all supporting documents to NSFAS in any one of the following ways:

- Hand in your completed application form and supporting documents to the Financial Aid Office (FAO) at your university or FET college.
- Scan or email your completed application form and supporting documents to NSFAS at apply@nsfas.org.za.
- 3. Fax your completed application and supporting documents to NSFAS on 086 644 2822.
- Post your completed application form and supporting documents to NSFAS, Private Bag X4, Plumstead, Western Cape, 7801.

PLEASE NOTE: You must write your identity (ID) number in the top right-hand corner of every page of the application form and on every page of all of your supporting documents. NSFAS will not be able to process applications without an identity number.

APPLICATION ASSISTANCE

If you require assistance in completing your application form, please contact:

- The NSFAS Contact Centre on 0860 067 327, or
- The Financial Aid Office at the university or FET college where you wish to study.

DISABILITY ASSISTANCE

- If you have a disability, you must complete Annexures
 A and Annexure B and submit them with your application
 form
- You must provide proof of your disability and a quotation for assistive devices as supporting documents with the application form. Funding for assistive devices follows the same approval process as for financial aid.
- If you are successful in your application for financial aid and you have received notice of the final approval amount from NSFAS, you may arrange to purchase your assistive device through the student disability unit at the university or FET college where you are going to study. The university or FET college can purchase the assistive device on your behalf
- Please contact NSFAS on 0860 067 327 or visit your university student disability unit to get information about providers of assistive devices.

REQUIRED DOCUMENTS

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents.

PLEASE NOTE: You must write your identity number in the top right-hand corner of every page of the application form and on every page of all of your supporting documents in order for your application to be processed. NSFAS will not be able to process applications without an ID number.

| Please attach certified copies of the following documents: (All the certified copies of income must not be older than 3 months) Your documents can be certified at the South African Police Service or the South African Post Office. If you are under the age of 18 or if you are 18 and older and are STILL DEPENDENT on the household income of your parent or legal guardian, then this also applies to you. | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Certified proof of bank account. This can be a bank statement or letter from the bank where you have your account. | Y | | | | | | | |
| Certified copy of your Identity Document. | Υ | | | | | | | |
| *Certified copy of Identity Document of each household member including parents or legal guardian. | Υ | | | | | | | |
| If you are younger than 16 years of age and do not have a green bar-coded ID, you must submit a certified copy of your birth certificate. | Y | | | | | | | |
| If you have been exempted from paying school fees, please provide a letter from the school informing NSFAS that you have been exempted. | Υ | | | | | | | |
| *Certified or official copy of recent payslip, letter of employment, not older than three months, of each of your parents, or the person who supports you, or your guardian or yourself if you are employed. This is for all types of employment. Proof of income of all members of the household. This includes any income received from SASSA grants, Unemployment Insurance Fund (UIF), or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments. | | | | | | | | |
| Proof of residence - such as water and electricity accounts or other accounts. | N | | | | | | | |
| *If your parents or the person who supports you or your legal guardian are retired, please provide a copy of an official pension slip or bank statement showing pension payment. | Y | | | | | | | |
| *If your parents or the person who supports you or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment. | Y | | | | | | | |
| If either of your parents is deceased, please provide a certified copy of the death certificate. | N | | | | | | | |
| If your parents are divorced or separated, please provide a statement detailing the maintenance order. | Y | | | | | | | |
| If your parents are divorced, please provide a certified copy of the divorce decree. | N | | | | | | | |
| If either of your parents does not live at home, please provide an affidavit explaining the reasons. | N | | | | | | | |
| If you are supported by someone who is not your parent or legal guardian, please provide an affidavit explaining the reasons. | Υ | | | | | | | |
| *Certified copy of a SASSA letter if any of your family members are receiving a social grant and are also contributing to your household income. This also applies to your legal guardian. | Υ | | | | | | | |
| *If you have indicated that a dependant in your household is a student, please provide proof of registration or acceptance at the university or FET college for each dependant. | Y | | | | | | | |
| If you have a disability, please complete the supporting documents Annexure A and Annexure B and submit them with your application form. | Y | | | | | | | |
| Certified copy of your latest academic transcript or exam results. If you are currently in Grade 12 you are excluded from this requirement. | Υ | | | | | | | |

| APPLICATION FORM - LOAN OR BUR | SARY | ID | | | | | | |
|--|--------------------------------|---------------------|-------------|-------------|-----------|----------|---------|----------|
| SECTION A: YOUR DETAILS | S | | | | | | | 1 |
| Please fill out as per your ID documen (Tick the appropriate boxes. Fields with * are of | | | | | | | | |
| *Surname | | Date of birth | | | | | | |
| *Name | | ID number | | | | | | |
| Title Adv Dr | Mr | Miss | Ms | M | rs. | Pro | of | |
| Gender | Male Female | | | | | | | |
| Do you have a disability? Yes | No (Please rea | nd the disability i | informatior | n and fund | ing on ww | vw.nsfas | s.org.z | a) |
| Race African | Asian Coloure | d India | an | White | Э | | | |
| Marital status Divorced | Married Unmarr | ied Wide | owed | Othe | r | | | |
| Do you receive a SASSA* grant *(South A | frican Social Security Agency) | Yes | l do | No g | rant | | | |
| What are you doing this year? | Employed Not em | ployed St | udying & e | mployed [| Study | /ing & n | ot emp | oloyed |
| | Gr 9 Gr 1 | 0 | Gr 11 | | Gı | 12 | | |
| | 1st year or level 2nd | year or level | 3rd yea | ar or level | 4t | h year c | r leve | I |
| | 5th year or level 6th | year or level | Final ye | ear or leve | I Po | ostgradı | uate | |
| Indicate University, FET College or School | ol where you achieved your | highest academ | nic level | | | | | ······ |
| Name of University, FET College or Scho | ol where you achieved you | highest acaden | nic level | | | | | |
| Year of highest academic level achieved | | | | | | | | |
| Do you receive any form of financial assis | stance for your current stud | es? | | ISFAS | Other | | None | - |
| If you answered NSFAS or Other in the p | • | | lo you rece | eive? | _ | | | |
| Loan Bursary Oth How much do you receive? | er (if other, please explain) | | | | | | | |
| Have you ever been declared mentally un | nfit by a court of law? | Yes | | lo | | | | |
| Has there ever been an administration or | der against you? | Yes | | lo | | | | |
| HOME ADDRESS (physical) *Comp | ulsory field | | | | | | | |
| *Address | | | *C | ity | | | | |
| *Province | *Country | | | | . *Postal | code | | |
| POSTAL ADDRESS Same as | nome address | | | | | | | |
| Address | | | Cit | ty | | •••••• | | ••••••• |
| Province | Country | | | | . Postal | code | | <u>.</u> |
| ADDRESS WHILE STUDYING (If no | t living at home) | | | | | | | |
| Address | | | Ci | ty | | | | |
| Province | Country | | | | Postal | code | | |

| APPLICATION FOR | M - LOAN OR B | URSARY | II | | | | | | | | | | |
|---------------------------------------|-------------------------|------------------------------|---------------------------|----------|--------------------|---------|--------------|-------|-------|----------|---------|--------|--------|
| SECTION A: | YOUR DETA | AILS (continued) | | | | | | | | | | | |
| CONTACT DETAIL | _S (preferred me | eans of contact where | a cell number or a | n Em | nail mus | t be | provid | ded | .) *C | ompu | Isorv | field | |
| | | *Cell pho | | | | | | | • | • | - | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | •••••• | | |
| OFOTION D4 | EANULY DE | TAU 0 FATUE | OTEDEA | - | | | | | | | | | |
| | | TAILS – FATHER | | | | . vo mt | o # lo | a a l | ~ | udio n | thou | lane | |
| Father, Mother and | | ot dependent on the details. | nousenoia incom | e oi | your pa | arent | or ie | yaı | gua | iruian | , uner | ıgno | ore |
| Deceased | *Yes | No * If answered Yes | s to Deceased, the re | maini | ng section | ons ar | e not | req | uirec | I for fa | ther or | stepfa | ather. |
| Surname | | | Name | | | | | | | | | | |
| Date of birth | | | ID numbe | r _ | | | | | | | | | |
| Marital status | Divorced | Married | Unmarried | | Widowe | ed | | | Oth | er | | | |
| What does your fath | er currently do? | Not employed | Employed | | Self-en | nploye | ed | | Stu | dying | | | O1 |
| Is your father or step | ofather your next | of kin? | Yes | | No | | | | | | | | |
| Source of income | | Salary | Pension | | Child s | noggu | | | Cor | ntribut | ion | | |
| if applicable | | Business profi | t (specify) | | | | | | (ma | intena | nce pa | • | |
| | | (e.g. taxi, hawke | er, small to medium e | nterpr | rise) | | | | | | | | |
| Annual income amo | unt if not a salar | y (before deductions a | nd tax) | | | | | ••••• | ••••• | | | •••••• | |
| Does he receive a S | ASSA* grant *(S | outh African Social Secu | rity Agency) | | Yes | | | No | | | | | |
| Does he receive fina | ncial assistance | for any studies? | | | NSFA | S [| | Othe | er | | None | | |
| Assistance amount | | | | | | | ••••••••••• | ••••• | | ••••• | ••••• | ••••• | |
| HOME ADDRESS | (physical) | Same as applicant ac | ddress | | | | | | | | | | |
| Address | | | | | | Cit | y | | | | | | |
| Province | | | ry | •••••• | ••••• | ••••• | | | I | Posta | code | ••••• | |
| POSTAL ADDRES | SS | Same as home addre | ess | | | | | | | | | | |
| Address | | | | | | Cit | y | | | | | | |
| Province | | Count | ry | | | | | | I | Posta | code | | |
| CONTACT DETAI | LS (preferred r | means of contact) | | | | | | | | | | | |
| Home telephone | | Cell pho | ne | | | Er | mail | | | | | | |
| EMPLOYMENT | DETAILS | | | | | | | | | | | | |
| | | | Company na | me | ****************** | | | | | ******* | | | |
| • | | | . , | | | | | | | | | | |
| Income Tax Number | * | | Annual inco | ne a | mount (| before | dedu | ctio | ns ar | nd tax) | | | |

| | 1 - LOAN OR BURSARY | | | ID _ | | | | | | | | |
|------------------------|------------------------------|------------------------|----------------|---------|-----------|--------|---------|-----------|-----------------------|---------|--------|--------|
| | FAMILY DETAILS — | | | | | rent d | or lega | al qua | rdian. | then | ianoi | re |
| | egal Guardian details. | | | | , p | | | J | , | | | |
| Deceased | *Yes No * If a | nswered Yes to De | eceased, the r | emainin | g sectior | ns are | not rec | quired | for mot | her or | stepm | other. |
| Surname | | | Name | | | | | | | | | |
| Date of birth | | | ID numl | oer | | | | | | | | |
| Marital status | Divorced Ma | rried | Unmarried | | Widowe | d | | Oth | er | | | |
| What does your mother | er currently do? Not | employed | Employed | | Self-em | ploye | d | Stu | dying | | | Other |
| Is your mother or step | mother your next of kin? | | Yes | | No | | | | | | | |
| Source of income if ap | Bu: | ary siness profit (spo | • / | | | | |] (mai | ntribution ntenano | re navi | ments, |) |
| Annual income amour | nt if not a salary (before d | eductions and ta | ax) | | | | | | | | | |
| Does she receive a SA | ASSA* grant *(South Africa | nn Social Security | Agency) | | Yes | | No |) | | | | |
| Does she receive final | ncial assistance for any s | tudies? | | | NSFAS | s [| Ot | her | | None | | |
| Assistance amount | | | | | | | | | | | | |
| HOME ADDRESS (| physical) | Same as applica | ant | | | | | | | | | |
| Address | | | | | | . City | | | | | | |
| Province | | Country | | | | | | F | Postal | code | | |
| POSTAL ADDRESS | Same as home | e address | | | | | | | | | | |
| Address | | | | | | City | | | | | | |
| Province | | Country | | | | | | | Postal | code | | |
| CONTACT DETAILS | S (preferred means of | contact) | | | | | | | | | | |
| Home telephone | | Cell phone | | | | Em | ail | | | | | |
| EMPLOYMENT D | ETAILS | | | | | | | | | | | |
| Occupation | | | Company | name | | | | | | | | |
| Income Tax Number | | | Annual inc | ome a | mount (I | before | deduct | ions a | nd tax) | | | |
| Work telephone | | | Claiming U | JIF? | | Yes | | No |) | | | |

| APPLICATION FORM - LOAN OR BURSARY | II | o [| | | | | | | | |
|--|---------------------------|-------|--|--------|--------|---------|--------|----------|------|--------|
| SECTION B3: FAMILY DETAILS - LEC | SAL GUARDIAN | | | | | | | | | 4 |
| If you are over the age of 18 and not dependent or Father, Mother and Legal Guardian details. | n the household incom | e of | your pa | rent (| or leg | al gua | ırdia | n, then | igno | ore |
| Surname | Name | | | | | | | | | |
| Date of birth | ID numbe | r | | | | | | | | |
| Appointed by the court of law | | | ⁄es | | | No | | | | |
| Family or other individual has assumed responsibility | for you | | ⁄es | | | No | | | | |
| What does your guardian currently do? Not emplo | oyed Employed | | Self-emp | oloye | d | Stud | dying | ı | | Other |
| Is your legal guardian your next of kin? | | , | Yes | | | No | | | | |
| | Pension profit (specify) | | | - | | ່ (ma | | ance pay | | rs) |
| Annual income amount if not a salary (before deduction | ons and tax) | | | | | | | | | |
| Does he or she receive a SASSA* grant *(South African | n Social Security Agency) | | Yes | | No | | | | | |
| Does he or she receive financial assistance for any st | udies? | | NSFAS | | Ot | ner | | None | | |
| Assistance amount | | | | | | | | | | |
| HOME ADDRESS (physical) Same | as applicant | | | | | | | | | |
| Address | | | ······································ | City | | | | | | |
| ProvinceC | ountry | | | ••••• | | F | Posta | l code | | |
| POSTAL ADDRESS Same | as home address | | | | | | | | | |
| Address | | | ······ | City | | | | | | |
| ProvinceC | ountry | | | | | F | Posta | ıl code | | |
| CONTACT DETAILS (preferred means of contact | et) | | | | | | | | | |
| Home telephone | phone | | | Em | ail | | | | | ······ |
| EMPLOYMENT DETAILS | | | | | | | | | | |
| Occupation | | ame | | | | | | | | |
| Income Tax Number | Annual inco | ne ar | nount (b | efore | deduct | ions ar | nd tax | ·) | | |
| Work telephone | Claiming UII | =? | | Yes | | No | | | | |

| APPLICATION FORM - LOAN OR BURSA | ARY | ID | | | | | | | | | | | |
|---|--|---------|-------|----------|----------|--------|---------|--------|-------|-------|--------|---|----------|
| SECTION B4: FAMILY DETAIL | S - NEXT OF KIN Com | pulsory | (if r | ot fa | ather, m | othe | er or l | legal | l gua | ardia | ın) | 5 | 5 |
| Surname | Name | | | | | | | | | | | | ••••• |
| Date of birth | ID nur | nber | | | | | | | | | | | |
| Source of income if income is part of household | Salary Pension Business profit (specify)(e.g. taxi, hawker, small to medium | | | · | port | | • | nten | ance | payı | ments) | | |
| Annual income amount if not a salary (bef Does he or she receive a SASSA* grant * | · | | | | | No | | | | | | | |
| Does he or she receive financial assistance | ce for any studies? | | NSF | AS | | Othe | er | | No | ne | | | |
| Assistance amount | | | | | | | | | | | | | ····· |
| HOME ADDRESS (physical) Address | Same as applicant | | | | City | | | | | | | | |
| Province | Country | | | | | | F | Posta | al co | de | | | |
| POSTAL ADDRESS | Same as home address | | | | | | | | | | | | _ |
| Address | | | | ·····• | City | | | | | | | | ·····• |
| Province | Country | | | | | | F | osta | al co | de | | | |
| CONTACT DETAILS (preferred mean | s of contact) | | | | | | | | | | | | _ |
| Home telephone | Cell phone | | | <u>.</u> | Email. | | | | | | | | |
| EMPLOYMENT DETAILS | | | | | | | | | | | | | _ |
| Occupation | Company | name | | | | | | | | | | | . |
| Income Tax Number | Annual ir | come ar | moun | t (be | fore dea | luctio | ns an | nd tax | x) | | | | |
| Work telephone | Claiming | UIF? | | , | Yes | | No | | | | | | |

The table should be completed if you as the applicant are:

• Fill in members that are contributors or dependant to the family income. Parent, legal guardian or next of kin details should not be completed in this table. · Younger than 18 years, OR dependent on the household income of the parent or legal guardian, OR are a contributor to the household income.

| 01 | | | | | |
|----|--|--|--|--|--|
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |
| 05 | | | | | |

Present activity Seconda Relationship Spouse,

Secondary school, employed or self employed, not employed, studying and employed, studying and not employed, other. Spouse, partner, grandparent, sister, brother, uncle, aunt, son, daughter.

| APPLICATION FORM - LOAN OR BURSAN | RY | ID 📗 | | | | | |
|---|--|--|--|--|---------|---------|-------|
| SECTION C: STUDY DETAILS | | | | | | | 7 |
| SECTION C1 Qualification or course - | 1st preference | | | | | | |
| Are you planning to study at a university or | FET college? | Univ | versity | FET c | ollege | | |
| University or FET college name | Cam | npus name | | | | | |
| Registration* will be for my 1st (year | ar or level) 2nd (year or lev | vel) 3 | Brd (year | or level) | | | |
| 4th (year or level) 5th (year | ar or level) 6th (year or leve | el) F | Final (yea | ar or level) [| Pos | stgradu | ıate |
| Student number(This includes 1st year or level students if your s | | | sity or FE | T college) | | | |
| What type of accommodation will you make | e use of? | | | | | | |
| Rental accommodation | On-campus residency | | Off | f-campus re | sidency | | |
| Do you need funding for your accommodat | ion during your studies? Y | es | No | | | | |
| Do you need funding for meals or are the n | neals provided by the residency | ı? | | | | | |
| Yes – Need funding for meals | No – Meals are part of the re | sidency | No | t applicable | | | |
| Do you need funding for travel to the unive | rsity or FET college? | Yes | | No | | | |
| Distance between accomodation (while study | ying) and university or FET colleg | ge? | | | | ••••• | (km |
| PLANNED QUALIFICATION OR COURSE | E: When will you be registerin | ng? Month | | | Yea | ar | |
| · | , , | ŭ | | | | | |
| | | | | | | | |
| Field of study | | | | | | | |
| | | | | | | | |
| Field of studyQualification | | | | | | | |
| Field of study Qualification SECTION C2 Qualification or course - | 2nd preference | | | | | | |
| Field of study Qualification SECTION C2 Qualification or course - 2 Are you planning to study at a university or | 2nd preference FET college? | Univ | versity | FET C | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college?Cam | Univ | versity | FET o | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college? Cam r or level) 2nd (year or lev | University | versity 3rd (yea | FET o | college | | |
| Qualification SECTION C2 Qualification or course - 2 Are you planning to study at a university or University or FET college name Registration* will be for my 1st (year 4th (year or level) 5th (year | 2nd preference FET college?Cam | University | versity 3rd (yea | FET o | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name. Registration* will be for my 1st (year 4th (year or level) 5th (year Student number. (This includes 1st year or level students if your states) | 2nd preference FET college? Cam r or level) 2nd (year or lever or level) 6th (year or level) | University | versity 3rd (yea Final (ye | FET on revel) | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college? Cam r or level) 2nd (year or lever r or level) 6th (year or lever | University | versity 3rd (yea Final (ye | FET of record of the second of | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name. Registration* will be for my 1st (year 4th (year or level) 5th (year Student number. (This includes 1st year or level students if your states) | 2nd preference FET college? Cam r or level) 2nd (year or lever or level) 6th (year or level) | University | versity 3rd (yea Final (ye | FET on revel) | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college? Cam or or level) 6th (year or level) ctudent number has been provided be use of? On-campus residency | University | versity 3rd (yea Final (yea | FET of record of the second of | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name. Registration* will be for my 1st (year 4th (year or level) 5th (year Student number. (This includes 1st year or level students if your student type of accommodation Rental accommodation | 2nd preference FET college? Cam r or level) 2nd (year or lever r or level) 6th (year or lever student number has been provided because of? On-campus residency cion during your studies? | Universe Uni | versity 3rd (yea Final (yea | FET of residency | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name. Registration* will be for my 1st (year 4th (year or level) 5th (year Student number (This includes 1st year or level students if your student type of accommodation will you make Rental accommodation Do you need funding for your accommodation | 2nd preference FET college? Cam r or level) 2nd (year or lever r or level) 6th (year or lever student number has been provided because of? On-campus residency cion during your studies? | Universe Universe Off- | oversity 3rd (year Final (year Final (year Final (year) | FET of residency | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college? Cam or or level) 2nd (year or level) 6th (year or level) etudent number has been provided be use of? On-campus residency cion during your studies? neals provided by the residency No – Meals are part of the residency | Universe Universe Off- | versity 3rd (year Final (year sity or FE | FET of residency No | college | | |
| SECTION C2 Qualification or course - Are you planning to study at a university or University or FET college name | 2nd preference FET college? Cam or or level) 2nd (year or level) 6th (year or level) e use of? On-campus residency cion during your studies? neals provided by the residency No – Meals are part of the resisty or FET college? | Universe Uni | versity 3rd (year Final (year sity or FE | FET of residency No t applicable No | Po | ostgrad | luate |
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^{*} Ensure that you indicate the level of study correctly when completing this section. You can download a document that explains the application form at www.nsfas.org.za, contact the NSFAS Contact Centre or request assistance at the Financial Aid Office.

| lame | of the account holder (as it is registered with the b | ank) |
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| Branch | 1 | Branch code |
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| IMF | PORTANT NOTICE | |
| Bv | signing this NSFAS application for financial aid. vo | u acknowledge your acceptance and understanding of the follow |
| 1. | This application does not guarantee that you will i | |
| 2. | | essful in your application for financial aid from NSFAS, you wi |
| | responsible to pay all required fees as determined | |
| 3. | Incomplete application forms (including those with | |
| 4. | | s need to reach NSFAS on or before the applicable cut-off dates. |
| 5. | · | ed or missing posted applications or supporting documents. |
| 6. | NSFAS will process only the first application that NSFAS requests you to do so. | we receive. Please do not submit more than one application ur |
| 7. | Do not send original documents (Birth Certificate (within the last 3 months) copies to the application | es, IDs etc.) with the exception of affidavits. Attach recently cer in form. Only original affidavits will be accepted. |
| 8. | | of the qualification. A three-year degree or diploma will only rec |
| | | arded to you if you are undertaking a BTech degree. There is a I These can be provided by the NSFAS contact centre or the FAC |
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Official use: Barcode