

Applicant SA
Identity Number:

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IMPORTANT INFORMATION AND DECLARATION

By signing this application, you acknowledge your acceptance and understanding of the following:

1. This application does not guarantee that you will receive assistance
2. If you have been advised that you were unsuccessful in your application, you will be responsible to pay all required fees determined by the university.
3. Incomplete application forms (including those with missing documents) will NOT be accepted.
4. Please do not submit more than one application unless requested to do so.
5. Any false information provided as part of your application will disqualify you from receiving financial assistance and will result in the immediate withdrawal of any approved funding. You will be responsible to pay all required fees as determined by the university.
6. By submitting this application, you allow UCT and/or NSFAS to share the information provided in this application to a third party for the purposes of securing funding on your behalf.

UCT AND NSFAS WILL NOT HESITATE TO TAKE LEGAL ACTION IF SIGNATURES OR INFORMATION HAVE BEEN WILFULLY FORGED OR FALSELY GIVEN. INCOMPLETE AND UNSIGNED FORMS WILL NOT BE CONSIDERED.

Declaration by biological parent/spouse/court-appointed legal guardian

(To be completed by parent /spouse or legal guardian even if student is over 18 years of age.)

I and/or I..... declare that the information stated in this application
 (Mother / Guardian / Spouse) (Father / Guardian / Spouse)

is true to the best of my knowledge and belief. I have submitted this information knowing that, if tendered in evidence, I would be liable for prosecution if I willfully state in it anything which I know to be false or which I do not believe to be true. In the interest of good governance and accountability for Public Funds, I agree that the University and NSFAS may request my individual profile from an accredited Credit Bureau to verify my employment details.

..... Date:
 (Signature Mother / Guardian / Spouse) (Signature Father / Guardian / Spouse)

As witnessed by
 (Signature of witness) (Initials and last name of witness)

D	D	M	M	Y	Y	Y	Y
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DECLARATION BY APPLICANT/STUDENT: I hereby declare that the information stated in this application, including the information about my parents / spouse / legal guardian is true to the best of my knowledge and belief. I have submitted this information knowing that, if I willfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for all financial assistance, and any financial assistance already granted may be withdrawn and any sums paid to me or on my behalf may be recovered from me and disciplinary action may be taken against me, either in the university courts or in the civil courts. I further undertake to inform the Student Financial Aid Office of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances, the University and NSFAS may have recourse against me in any of the ways set out above.

..... Date:
 (Signature of applicant/student)

D	D	M	M	Y	Y	Y	Y
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