

**Applicant's Identity Number as per ID document**

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Please fill in your ID number as per your ID document at the top of each page.

**FUNDING APPLICATION CONSENT FORM**

I/We, the undersigned \_\_\_\_\_

(Parent/Spouse/Legal Guardian's full names and surname) with Identity Number \_\_\_\_\_ and

\_\_\_\_\_ (Parent/Spouse/Legal Guardian's full names and surname)

with Identity Number \_\_\_\_\_ hereby certify that I/we are the parents or guardians or

spouse of \_\_\_\_\_ (Applicant's full names and surname) with Identity Number

\_\_\_\_\_ and Student Number \_\_\_\_\_

hereby declare, agree and undertake the following towards Ikusasa Student Financial Aid Programme (Hereinafter 'ISFAP'):

1. I/We the undersigned, acknowledge that ISFAP wishes to assist my/our child and to facilitate his/her application for ISFAP Funding.
2. In order to process the application ISFAP requires the Applicant's Parents or Legal Guardian's Personal information.
3. "I/We hereby give consent to ISFAP and/or such other person or entity ISFAP may designate, the absolute right and permission to conduct creditworthy checks, affordability assessments and to verify my/our household income in order to ascertain whether my/our child qualifies for ISFAP Funding. I /We hereby give ISFAP consent and permission to source my/our banking financial information from banking institutions for purposes of gathering information to perform the Means test."
4. I/We acknowledge that the above checks and assessments by ISFAP will be conducted strictly in accordance and/or in compliance with the provisions of the National Credit Act No 34 of 2005, Protection of Personal Information Act No 4 Of 2013 POPIA) and other relevant laws of South Africa
5. I/We also acknowledge that ISFAP is committed to protecting and promoting the privacy of my/our Personal Information including that of its students or any other individuals or organisation and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPIA').
6. I/We hereby give consent to ISFAP to process my/our Personal Information where the processing is necessary to verify information provided and for purposes of determining total Household income.
7. ISFAP acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPIA and/or the principles contained in POPIA and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive.
8. I/We herewith defend, indemnify and hold harmless ISFAP from/against any action or claim of any nature whatsoever that might be brought by any person, third party whatsoever against ISFAP as a result of any personal loss, injury or damage arising directly or indirectly from any negligent act or omission on my/our part relating to or incidental to the failure from my/our part to honour the above provisions, or otherwise, as the case may be.
9. I/We acknowledge and agree that I/We have read this consent form in its entirety and that I/We fully understand the nature, content and implications hereof and agree hereto, and that I/We shall be fully bound hereto from date of signature hereof.

By signing this application form, I accept and understand that this application does not guarantee that I will receive a ISFAP loan or bursary. If I am not successful, I will be responsible for all required fees at the university/college. The information is supplied voluntarily, without undue influence from any party and not under any duress I understand that any false information provided as part of my application can disqualify me from receiving loan or bursary and will result in the immediate withdrawal of any approved loan or bursary. I understand that if my application for loan or bursary is approved, the loan or bursary agreement must be signed within 30 days after registration or ISFAP reserves the right to withdraw the approved loan or bursary. I will then be liable for all fees at the university/college.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Print Applicant's Name and surname**

\_\_\_\_\_  
**(Applicant's signature)**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Print Parent/Spouse/Guardian's Name and surname**

\_\_\_\_\_  
**(Parent/Spouse/Guardian's signature)**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Print Parent/Spouse/Guardian's Name and surname**

\_\_\_\_\_  
**(Parent/Spouse/Guardian's signature)**



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## FUNDING APPLICATION FORM

### OATH OR AFFIRMATION (COMMISSIONER OF OATHS)

"I certify that the DEPONENT has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any objection to taking the oath, and that he/she considers it to be binding on his/her conscience, and which was sworn to and signed before me at

\_\_\_\_\_ on this day of \_\_\_\_\_ 20\_\_\_\_\_ and that the administering oath complied with the regulations contained in Government Gazette No. R 1258 of 21 July 1972, as amended.

Signature: \_\_\_\_\_

Full names \_\_\_\_\_

COMMISSIONER OF OATHS

Designation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(physical address not postal address)