

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.



ISFAP

Ikusasa Student Financial Aid Programme

FUNDING APPLICATION FORM

DISCLAIMER AND SIGNATURE

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. 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.
3. 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.
4. 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 'POPI').
5. I/We hereby give consent to ISFAP to process my/our Personal Information where the processing is necessary and only for purposes of conducting credit checks and verifications for study funding.
6. ISFAP acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI 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.
7. I/We herewith defend, indemnify and hold harmless ISFAP from any action or claim of any nature whatsoever that might be brought by any person whatsoever against ISFAP as a result of any personal loss, injury or damage arising directly or indirectly from any 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.
8. 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. I understand that any false information provided as part of my application can disqualify me from receiving financial aid and will result in the immediate withdrawal of any approved loan or bursary. I understand that if my application for financial aid 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)

