

Applicant's Identity Number as per ID document

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Please fill in your ID number as per your ID document

FUNDING APPLICATION CONSENT FORM

University Name: _____

Degree Name: _____

Level of Study: _____

I, the undersigned _____

(Applicant's full names and surname as on Identity Document) with Identity Number _____ and

Student Number _____ hereby declare, agree, and undertake the following

towards Ikusasa Student Financial Aid Programme (Hereinafter 'ISFAP'):

1. I acknowledge that ISFAP is committed to protecting and promoting the privacy of my 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').
2. I hereby give consent to ISFAP to process my Personal Information where the processing is necessary to verify information provided and for purposes of determining if I qualify for this Funding Opportunity.
3. 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.
4. I 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 part relating to or incidental to the failure from my part to honour the above provisions, or otherwise, as the case may be.
5. I acknowledge and agree that I have read this consent form in its entirety and that I fully understand the nature, content, and implications hereof and agree hereto, and that I 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)