

APPLICATION FORM

Fully Completed Application Forms Must be hand delivered to the following address:

UThukela District Municipality Mayoral Offices located at Old Standard Bank (262 Murchison Street, Ladysmith). Emailed/Faxed application forms will not be accepted

HISTORICAL DEBT PROGRAM

SECTION A: APPLICANTS PARTICULARS:				
Full Names:			Title	Age
Residential Address:		(A)	Attach proof of residen	ice)
Ward: Race:	Black	White	Coloured	Indian
Gender: Male	Female	Date Of Birth:		
ID Number :		Are you a SASSA	Grant Recipient? YES	/NO
Are you a South African Citizen? YES / NO. If no, provide details with proof of citizenship				
SECTION B: REQUIRIED INFORMATION/DOCUMENTS				
Name of institution currently enroll	ed in:			
Year of study:				
Have you been previously funded by NSFAS or any other institution?				
Reason for outstanding debt?				
	SECTION C: PAR	ENTS/GUARDIAN'S PARTICUL	ARS	
Full Names:		ID Number:		
Residential Address:		Gender:		Age:
Employment Status:		Total combined family income		
		If employed, provide recent paysli	o. If unemployed provide p	proof of unemployment.
	SECTION	ON D: CONTACT DETAILS		
Learner Contact Details				
Cell Number:	Email Address:			
Alternative Number:				
Parents/Guardian Contact Details				
Cell Number:	Email Address:			
NB: PLEASE PROVIDE VALID CONTACT DETAILS, IF YOU ARE NOT REACHABLE ON DETAILS PROVIDED, YOU WILL BE DISQUALIFIED.				
	SECTION E	: Motivation for Consideration		
Include an additional page for motiva	ation if nooceans			
indique an additional page for motiva		OFFICE USE ONLY		
APPROVED: YES/NO	APPROVED/DECL	INED BY:	SIGN:	DATE:

IMPORTANT TO NOTE

Application forms to be dropped off at UThukela District Municipality Mayoral Offices located at **Old Standard Bank (262 Murchison Street, Ladysmith)**.

CLOSING DATE 24 JANUARY 2025