



REGISTERED TRADE UNION REG NO. LR 2/6/2/1499
 AFFILIATED TO FEDUSA

STUDY GRANT

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C O N F I D E N T I A L

MEMBERS DETAILS

(Mr / Mrs / Ms) / Surname: Full Names:
 ID No.: Date of Birth:

Please tick the following where applicable: UASA/UFS/SAGA and any of its accredited service providers may contact me for marketing purposes:

CONTACT DETAILS

Postal Address: Code:
 Postal Address: Code:
 Tel. No. (H): Tel. No. (W):
 Cell No.: E-Mail: Race:

Proof of Income: Latest pay sheet to be attached please.

DEPENDANTS

BIRTHDATES

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Motivation: I believe that my application should be favourably considered because:

STUDENT DETAILS

(Mr / Mrs / Ms) / Surname: Full Names:
 University / Institution: Course: (E.g. B.Com)
 Relationship to member:

Status: Please attach proof that you have successfully completed at least the first year of study as well as proof that you have enrolled for the current year.

Motivation: I believe that this application should be favourably considered because I have the potential to:

I accept that the adjudicators of my application may verify any of the information provided by me and that their decision will be final.

Signed: at

Member's signature

Print member's name