

## 2022 BURSARY FUND APPLICATION FORM: NON-EMPLOYEE OF GOLD CIRCLE

### **INSTRUCTIONS TO APPLICANT**

#### **APPLICATION FORM AND SUPPORTING DOCUMENTS**

- Application form must be completed in black ink only;
- Mark appropriate blocks with an "X";
- Once completed, please submit the application form to the Human Resources Department of Gold Circle OR to the Corporate Services Administrator ([arvindh@goldcircle.co.za](mailto:arvindh@goldcircle.co.za)), together with the following mandatory CERTIFIED supporting documents:
  - Copy of Identity Document of Applicant;
  - Proof of Physical Residential Address (In the Applicant's name);
  - Should the Applicant not be in possession of a utility bill that is in his / her name and reflecting his / her Physical Residential Address, a Sworn Affidavit must be attached to the Application Form, confirming that the Applicant resides with the parent / guardian / spouse and proof of the Physical Residential Address of the parent / guardian / spouse must be provided;
  - Latest 3 months Bank statement of Applicant;
  - Copy of most recent payslips if Applicant is Employed;
  - Copy of latest financial statements and 3 months bank statements if Applicant is self-employed;
  - Copy of Applicant's Grade 12 Certificate;
  - Should the Grade 12 Certificate not be available, a copy of the Statement of Results must be attached;
  - Copy of past tertiary academic records (if applicable);
  - Copy of current tertiary academic records (if applicable);
  - Confirmation of admission of acceptance to study at the nominated Tertiary Academic Institution;
  - Confirmation of registration at the nominated Tertiary Academic Institution (if applicable);
  - Letter of motivation for bursary consideration;
  - Character reference from a credible referee;
  - Copy of Identity Document of parents / guardians / spouse;
  - Copy of most recent Payslips of both parents / guardians / spouse;
  - Copy of latest financial statements and 3 month bank statements if parent / guardian / spouse is self-employed;
  - Copy of UI-19 document or Sworn Affidavit if parent / guardian / spouse is unemployed;
  - Latest 3 months Bank statement if parent / guardian spouse is unemployed;
  - Death Certificate if parent / guardian is deceased;
  - Divorce Certificate if parents / guardians are divorced;
  - Sworn Affidavit from residing parent, if parents / guardians are separated;

#### **CERTIFICATION AND AFFIDAVITS**

- All copies **MUST** be Certified:
  - Certified copies must not be older than three (3) months;
  - Certified copies must be original copies, and not copies of certified documents.
- Affidavits must be:
  - Original, and not copies of the original;
  - Duly signed and stamped by a Commissioner of Oaths;

**DISQUALIFICATION**

- Failure to:
  - o complete this application form fully and correctly;
  - o provide ALL the required documents duly certified;
  - o submit the application (in its entirety) by the deadline;
 may result in the application being declined due to insufficient or incorrect information, or late submission of application.

**APPLICANT'S PERSONAL DETAILS**

FORENAME:											
SURNAME:											
IDENTITY NUMBER:											
PHYSICAL RESIDENTIAL ADDRESS:											
PROVINCE						POSTAL CODE					
POSTAL ADDRESS:											
HOME TELEPHONE NUMBER:						(        )					
CELLULAR PHONE NUMBER:											
EMAIL ADDRESS:											
NATIONALITY:											
GENDER				MALE				FEMALE			
RACE:		AFRICAN		COLOURED		INDIAN		WHITE			
MARITAL STATUS:			SINGLE		MARRIED		DIVORCED		WIDOWED		
DO YOU HAVE A DISABILITY?						YES		NO			
IF YES, PLEASE PROVIDE THE NATURE OF THE DISABILITY:											
DO YOU HAVE A CRIMINAL RECORD?						YES		NO			
IF YES, PLEASE PROVIDE THE DETAILS OF THE CRIMINAL RECORD:											
<b>ARE YOU FINANCIALLY DEPENDANT ON YOUR PARENTS / GUARDIANS / SPOUSE?</b>											
YES			NO								
<b>IF NOT, PLEASE COMPLETE SECTION ON APPLICANT'S SOURCE OF INCOME DETAILS</b>											

**APPLICANT'S SOURCE OF INCOME DETAILS**

*(To be completed if not financially dependent on parent / guardian / spouse)*

BRIEFLY ELABORATE ON YOUR SOURCE OF INCOME			
<b>IF YOU ARE FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW</b>			
JOB TITLE			
NAME OF COMPANY EMPLOYED AT			
CURRENT LENGTH OF EMPLOYMENT SERVICE (years)			
GROSS ANNUAL INCOME (Total cost of employment)			
<b>IF YOU ARE SELF-EMPLOYED, PLEASE COMPLETE BELOW</b>			
SECTOR	FORMAL		INFORMAL
PROFESSION			
COMPANY NAME, IF FORMAL ENTITY			
COMPANY REGISTRATION NUMBER			
NATURE OF INDUSTRY			
GROSS ANNUAL TURNOVER (Pre Tax)			

**SECONDARY SCHOOL ACADEMIC RECORD**

SECONDARY SCHOOL NAME:	
CITY / TOWN SCHOOL SITUATED IN:	
YEAR GRADE 12 PASSED: (yyyy)	
NAME OF SUBJECT	GRADE (%)



**BURSARY REQUIRED**

NAME OF TERTIARY INSTITUTION:				
NAME OF QUALIFICATION:				
HAVE YOU BEEN ADMITTED TO THIS QUALIFICATION:	YES		NO	
HAVE YOU REGISTERED FOR THIS QUALIFICATION:	YES		NO	
STUDENT NUMBER AT THIS TERTIARY INSTITUTION:				
COMMENCEMENT DATE FOR THIS QUALIFICATION: (yyyy/mm/dd)				
HAVE YOU FAILED ANY SUBJECTS IN THIS QUALIFICATION:	YES		NO	
HAVE YOU REWRITTEN THE FAILED SUBJECTS:	YES		NO	
WHAT WAS THE OUTCOME AFTER REWRITING THE FAILED SUBJECTS:				
DO YOU REQUIRE FINANCIAL ASSISTANCE FOR REGISTRATION FEE:	YES		NO	
IF YES, WHAT IS THE AMOUNT OF THE REGISTRATION FEE:				
LIST THE SUBJECTS / MODULES THAT YOU REQUIRE FINANCIAL ASSISTANCE WITH, AND THE RELATED COSTS:				
CODE	SUBJECT / MODULE	COST (RAND)		
DO YOU REQUIRE FINANCIAL ASSISTANCE FOR COMPULSORY PRESCRIBED TEXTBOOKS FOR THE ABOVE SUBJECTS / MODULES:	YES		NO	
<i>IF YES, PLEASE COMPLETE THE DETAILS BELOW</i>				
<b>SUBJECT / MODULE CODE:</b>				
TEXT BOOK TITLE:				
AUTHOR				
PUBLISHER				
YEAR PUBLISHED		EDITION		COST

<b>SUBJECT / MODULE CODE:</b>				
TEXT BOOK TITLE:				
AUTHOR				
PUBLISHER				
YEAR PUBLISHED		EDITION		COST
<b>SUBJECT / MODULE CODE:</b>				
TEXT BOOK TITLE:				
AUTHOR				
PUBLISHER				
YEAR PUBLISHED		EDITION		COST
<b>SUBJECT / MODULE CODE:</b>				
TEXT BOOK TITLE:				
AUTHOR				
PUBLISHER				
YEAR PUBLISHED		EDITION		COST
<b>SUBJECT / MODULE CODE:</b>				
TEXT BOOK TITLE:				
AUTHOR				
PUBLISHER				
YEAR PUBLISHED		EDITION		COST
<b>TOTAL BURSARY APPLICATION AMOUNT:</b>				

**DETAILS OF GUARANTOR****PARENT OR GUARDIAN 1 (if other than the spouse)**

FORENAME														
SURNAME														
IDENTITY NUMBER														
PHYSICAL RESIDENTIAL ADDRESS:														
PROVINCE									POSTAL CODE					
POSTAL ADDRESS:														
HOME TELEPHONE NUMBER	(       )													
WORK TELEPHONE NUMBER	(       )													
CELLULAR PHONE NUMBER														
EMAIL ADDRESS														
NATIONALITY														
MARITAL STATUS	SINGLE		MARRIED		DIVORCED		WIDOWED							
RELATIONSHIP TO APPLICANT					PARENT		GUARDIAN							
<b>IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW</b>														
JOB TITLE														
NAME OF COMPANY EMPLOYED AT														
CURRENT LENGTH OF EMPLOYMENT SERVICE (years)														
GROSS ANNUAL INCOME (Total cost of employment)														
<b>IF SELF-EMPLOYED, PLEASE COMPLETE BELOW</b>														
SECTOR	FORMAL				INFORMAL									
PROFESSION														
COMPANY NAME, IF FORMAL ENTITY														
COMPANY REGISTRATION NUMBER														
NATURE OF INDUSTRY														
GROSS ANNUAL TURNOVER (Pre Tax)														

**DETAILS OF GUARANTOR****PARENT OR GUARDIAN 2 (if other than the spouse)**

FORENAME														
SURNAME														
IDENTITY NUMBER														
PHYSICAL RESIDENTIAL ADDRESS:														
PROVINCE									POSTAL CODE					
POSTAL ADDRESS:														
HOME TELEPHONE NUMBER	(       )													
WORK TELEPHONE NUMBER	(       )													
CELLULAR PHONE NUMBER														
EMAIL ADDRESS														
NATIONALITY														
MARITAL STATUS	SINGLE		MARRIED		DIVORCED		WIDOWED							
RELATIONSHIP TO APPLICANT					PARENT		GUARDIAN							
<b>IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW</b>														
JOB TITLE														
NAME OF COMPANY EMPLOYED AT														
CURRENT LENGTH OF EMPLOYMENT SERVICE (years)														
GROSS ANNUAL INCOME (Total cost of employment)														
<b>IF SELF-EMPLOYED, PLEASE COMPLETE BELOW</b>														
SECTOR	FORMAL				INFORMAL									
PROFESSION														
COMPANY NAME, IF FORMAL ENTITY														
COMPANY REGISTRATION NUMBER														
NATURE OF INDUSTRY														
GROSS ANNUAL TURNOVER (Pre Tax)														



**DETAILS OF GUARANTOR****SPOUSE (if other than the parent or guardian)**

FORENAME														
SURNAME														
IDENTITY NUMBER														
PHYSICAL RESIDENTIAL ADDRESS:														
PROVINCE									POSTAL CODE					
POSTAL ADDRESS:														
HOME TELEPHONE NUMBER	(       )													
WORK TELEPHONE NUMBER	(       )													
CELLULAR PHONE NUMBER														
EMAIL ADDRESS														
NATIONALITY														
<b>IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW</b>														
JOB TITLE														
NAME OF COMPANY EMPLOYED AT														
CURRENT LENGTH OF EMPLOYMENT SERVICE (years)														
GROSS ANNUAL INCOME (Total cost of employment)														
<b>IF SELF-EMPLOYED, PLEASE COMPLETE BELOW</b>														
SECTOR	FORMAL									INFORMAL				
PROFESSION														
COMPANY NAME, IF FORMAL ENTITY														
COMPANY REGISTRATION NUMBER														
NATURE OF INDUSTRY														
GROSS ANNUAL TURNOVER (Pre Tax)														



**APPLICANT'S DECLARATION**

I, the undersigned Applicant, understand that this application for a bursary is not a loan. I declare that the information furnished herein is true and correct. Should this bursary application be approved by the Bursary Committee of Gold Circle, I understand that I shall be required to enter into a contractual agreement with Gold Circle. I further confirm that, should this bursary application not be approved, I will not hold Gold Circle liable whatsoever.

I acknowledge and agree that, if any information contained herein is found to not be correct at the time of review of this application, or during the life cycle of the Bursary Fund Contract of Agreement (in the instance that the bursary is awarded against this application), Gold Circle reserves its right to recover the bursary fund awarded, and any related costs from the Bursary Holder and / or the Guarantor.

I acknowledge that Gold Circle is committed to protecting and promoting the privacy of my Personal Information 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'). I hereby give consent to Gold Circle to process my Personal Information where the processing is necessary and only for purposes of conducting credit checks, criminal checks, fraud checks and verifications for bursary funding.

I herewith defend, indemnify and hold harmless Gold Circle from any action or claim of any nature whatsoever that might be brought by any person whatsoever against Gold Circle as a result of any personal loss, injury or damage arising directly or indirectly from any 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. I acknowledge and agree that I have read this Application 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application (yyyy/mm/dd)

**DETAILS OF WITNESS CONFIRMING OBSERVATION OF SIGNATURE AS ABOVE**

FORENAME:														
SURNAME:														
IDENTITY NUMBER:														
PHYSICAL RESIDENTIAL ADDRESS:														
PROVINCE									POSTAL CODE					
HOME TELEPHONE NUMBER:				(			)							
WORK TELEPHONE NUMBER:				(			)							
CELLULAR PHONE NUMBER:														
EMAIL ADDRESS:														
WITNESS SIGNATURE														



**GUARANTORS DECLARATION**

I/we, the undersigned parent/s / guardian/s / spouse of the applicant herein, declare that the information furnished herein is true and correct. Should this bursary application be approved by the Bursary Committee of Gold Circle, I/we understand that I/we shall be required to enter into a contractual agreement with Gold Circle as the Guarantor/s for the Applicant. I/we further confirm that, should this bursary application not be approved, I/we shall not hold Gold Circle liable whatsoever.

I/we acknowledge and agree that, if any information contained herein is found to not be correct at the time of review of this application, or during the life cycle of the Bursary Fund Contract of Agreement (in the instance that the bursary is awarded against this application), Gold Circle reserves its right to recover the bursary fund awarded, and any related costs from the Bursary Holder and/or the Guarantor.

I/we acknowledge that Gold Circle is committed to protecting and promoting the privacy of my/our Personal Information 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'). I/we hereby give consent to Gold Circle to process my/our Personal Information where the processing is necessary and only for purposes of conducting credit checks, criminal checks, fraud checks and verifications for bursary funding.

I/we herewith defend, indemnify and hold harmless Gold Circle from any action or claim of any nature whatsoever that might be brought by any person whatsoever against Gold Circle 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. I/we acknowledge and agree that I/we have read this Application 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.

\_\_\_\_\_  
Signature of Parent 1 / Guardian 1 / Spouse

\_\_\_\_\_  
Date of Signature (yyyy/mm/dd)

\_\_\_\_\_  
Signature of Parent 2 / Guardian 2

\_\_\_\_\_  
Date of Signature (yyyy/mm/dd)

**DETAILS OF WITNESS CONFIRMING OBSERVATION OF SIGNATURES AS ABOVE**

FORENAME:													
SURNAME:													
IDENTITY NUMBER:													
PHYSICAL RESIDENTIAL ADDRESS:													
PROVINCE								POSTAL CODE					
HOME TELEPHONE NUMBER:	(       )												
WORK TELEPHONE NUMBER:	(       )												
CELLULAR PHONE NUMBER:													
EMAIL ADDRESS:													
WITNESS SIGNATURE													

**FOR OFFICE USE ONLY:**

<b>APPLICATION REFERENCE NUMBER:</b>				
DATE APPLICATION RECEIVED (yyyy/mm/dd)				
APPLICATION FORM COMPLETED	YES		NO	
CERTIFIED COPY OF ID OF APPLICANT	YES		NO	
CERTIFIED COPY OF PHYSICAL RESIDENTIAL ADDRESS	YES		NO	
***SWORN AFFIDAVIT IN THE ABSENCE OF ABOVE	YES		NO	
LATEST 3 MONTHS BANK STATEMENT OF APPLICANT	YES		NO	
CERTIFIED COPY OF PAYSLEIPS OF APPLICANT (if employed)	YES		NO	
FINANCIAL STATEMENTS AND 3 MONTH BANK STATEMENT OF APPLICANT (if self-employed)	YES		NO	
CERTIFIED COPY OF GRADE 12 CERTIFICATE	YES		NO	
CERTIFIED COPY OF STATEMENT OF RESULTS (ABSENCE OF GRADE 12 CERT)	YES		NO	
CERTIFIED COPY OF PAST TERTIARY ACADEMIC RECORD (if applicable)	YES		NO	
CERTIFIED COPY OF CURRENT TERTIARY ACADEMIC RECORD (if applicable)	YES		NO	
CERTIFIED COPY OF ADMISSION ACCEPTANCE TO TERTIARY INSTITUTION	YES		NO	
CERTIFIED COPY OF REGISTRATION AT TERTIARY INSTITUTION	YES		NO	
LETTER OF MOTIVATION	YES		NO	
CHARACTER REFERENCE	YES		NO	
CERTIFIED COPIES OF ID OF PARENTS / GUARDIANS / SPOUSE	YES		NO	
CERTIFIED COPIES OF PAYSLEIPS OF PARENTS / GUARDIANS / SPOUSE	YES		NO	
FINANCIAL STATEMENTS AND 3 MONTH BANK STATEMENT OF PARENTS / GUARDIANS / SPOUSE (for self-employed)	YES		NO	
COPY OF UI-19 FORM or ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUARDIANS / SPOUSE (for unemployed)	YES		NO	
LATEST 3 MONTHS BANK STATEMENT IF PARENT / GUARDIAN / SPOUSE IS UNEMPLOYED	YES		NO	
CERTIFIED COPY OF DEATH CERTIFICATE OF PARENTS / GUARDIANS (if deceased)	YES		NO	
CERTIFIED COPIES OF DIVORCE CERTIFICATE OF PARENTS / GUARDIANS (if divorced)	YES		NO	
ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUARDIANS (for separated parents or guardians)	YES		NO	
APPLICATION STATUS	COMPLETE		INCOMPLETE	
DATE APPLICATION FINALISED BY APPLICANT (yyyy/mm/dd)				
<b>COMMENTS BY CSA:</b>				

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 Signature of CSA

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 Date of Receipt (yyyy/mm/dd)



<b>RECOMMENDATION BY BURSARY COMMITTEE</b>			
APPLICATION APPROVED	YES		NO

\_\_\_\_\_  
Name of Bursary Committee Chairperson

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date (yyyy/mm/dd)