2023 BURSARY FUND APPLICATION FORM: NON-EMPLOYEE OF GOLD CIRCLE

INSTRUCTIONS TO APPLICANT

- Read this cover page
- Complete only pages 2 to 11 in detail.

APPLICATION FORM AND SUPPORTING DOCUMENTS

- This application form must be completed in BLACK INK ONLY;
- DO NOT REPLICATE THIS FORM IN ANY WAY
- Mark appropriate blocks with an "X" when making a multiple choice selection;
- 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), together with the following compulsory CERTIFIED supporting documents: Copy of Applicant's Identity Document: Proof of Applicant's 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 completed by the parent / guardian / spouse, must be attached to the Application Form, confirming that the Applicant resides with the parent / quardian / spouse and the certified copy of the proof of the Physical Residential Address of the parent / guardian / spouse must be provided; Latest 3 months Bank statement of Applicant (3 months historic statement from date of application); Copy of most recent payslips if Applicant is Employed (not older than 3 months); 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 Applicant has studied previously); Copy of current tertiary academic records (if Applicant is currently studying); Confirmation of 2023 admission acceptance to study at the nominated Tertiary Academic Institution (Acceptance Letter to be provided); Confirmation of registration at the nominated Tertiary Academic Institution (if Applicant has registered for the 2023 academic year); Applicant's Letter of Motivation for bursary consideration (written by the Applicant); Applicant's Character Reference Letter from a credible referee (written by someone who can provide a reference for the Applicant); Copy of Identity Document of **BOTH** parents / guardians / spouse; Copy of most recent Payslips of both parents / guardians / spouse; Copy of latest 3 months bank statements of both parents / guardians / spouse. If parents / guardians / spouse is self-employed, provide latest Financial Statements; Copy of UI-19 document or Sworn Affidavit if parents / guardians / spouse is unemployed; Latest 3 months Bank statement if parents / guardians / spouse are unemployed; Death Certificate if parent / guardian is deceased; Divorce Certificate if parents / quardians are divorced; Sworn Affidavit from residing parent, if parents / guardians are separated;

DOCUMENTS, CERTIFICATES 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

FORENAM	E:												
SURNAME													
IDENTITY I	NUMBER:												
PHYSICAL	RESIDENTIA	L ADDRES	SS:										
PROVINCE							POST	AL COI	DE				
POSTAL A	DDRESS:												
HOME TEL	EPHONE NU	MBER:		()								
CELLULAR	PHONE NUM	IBER:											
EMAIL ADD	RESS:												
NATIONAL	ITY:												
GENDER				MALI	E			F	EMA	LE			
RACE:	AFRICAN		COLOL	JRED		II.	NDIAN				WH	IITE	
MARITAL S	STATUS:	SING	LE	MAR	RIED		DIVO	RCED		W	IDOW	'ED	
DO YOU H	AVE A DISAB	ILITY?				Y	ES			NC)		
IF YES, PL	EASE PROVI	DE THE NA	ATURE O	F THE I	DISABIL	.ITY:							
DO YOU H	AVE A CRIMII	NAL RECC	RD?			Y	ES			NC)		
IF YES, PL	EASE PROVI	DE THE DI	ETAILS O	F THE	CRIMIN	AL R	ECORD	:					
ARE YOU	FINANCIALLY	/ DEPEND	ANT ON	YOUR I	PAREN	TS/C	GUARD	IANS/	SPO	USE?	?		
YES		NC)										
IF NOT, PL	EASE COMP	LETE NEX	T SECTION	ON ON	"APPLI	CAN	r's sou	JRCE (OF IN	ICON	1E DE	TAILS	5"

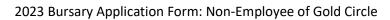
BRIEFLY ELABORATE ON YOUR SOURCE OF INCOME



APPLICANT'S SOURCE OF INCOME DETAILS

(To be completed if <u>not</u> financially dependent on parent / guardian / spouse)

IE YOU ARE FORM	ALIVEMPLOVED PL	LEASE COMPLETE TH	HE RELOW	
JOB TITLE		LAGE COMITEETE II	IL BLEOW	
NAME OF COMPAN	Y EMPLOYED AT			_
	OF EMPLOYMENT S	⊥ ERVICE (years)		
	COME (Total cost of e			
IF YOU ARE SELF-E	EMPLOYED, PLEASE	COMPLETE BELOW		
SECTOR	FORMAL		INFORMAL	
PROFESSION				
COMPANY NAME, II	F FORMAL ENTITY			
COMPANY REGISTI	RATION NUMBER			
NATURE OF INDUS	TRY			
GROSS ANNUAL TU	JRNOVER (Pre Tax)			
SECONDARY SCH	HOOL ACADEMIC F	RECORD		
SECONDARY SCHO	OOL NAME:			
CITY / TOWN SCHO	OL SITUATED IN:			
YEAR GRADE 12 PA	ASSED: (yyyy)			
NAME OF SUBJECT	Γ			GRADE (%)





PAST TERTIARY ACADEMIC RECORD

NAME OF TERTIARY INSTITUTION:					
HIGHEST QUALIFICATION ACHIEVED OR	STUDYING TOWA	ARDS:			
DURATION OF STUDY:	FROM (YYYY)		TO (YYYY)		
QUALIFICATION ACHIEVED?	YES		NO		
IF QUALIFICATION WAS NOT ACHIEVED	OR COMPLETED,	PLEASE PR	OVIDE REASONS	:	
LIST THE SUBJECTS / MODULES COMPL	ETED, APPLICAB	LE LEVEL /	AND % ACHIEVED)	
SUBJECT / MODU	ILE		LEVEL (1st, 2nd or 3	3 rd)	%



BURSARY REQUIRED

NAME OF TERTIAR	Y INSTITUTION:					
NAME OF QUALIFIC	CATION:					
		_	1			
NQF LEVEL		SAQA ID		1 1		
HAVE YOU BEEN A	DMITTED TO THIS QUALIFIC	ATION:		YES	NO	
HAVE YOU REGIST	ERED FOR THIS QUALIFICAT	ΓΙΟΝ:		YES	NO	
STUDENT NUMBER	AT THIS TERTIARY INSTITU	ITION:				
COMMENCEMENT	DATE FOR THIS QUALIFICAT	ION: (yyyy/mi	m/dd)			
HAVE YOU FAILED	ANY SUBJECTS IN THIS QUA	ALIFICATION:		YES	NO	
HAVE YOU REWRIT	TEN THE FAILED SUBJECTS	S:		YES	NO	
WHAT WAS THE OU	JTCOME AFTER REWRITING	THE FAILED	SUBJECTS:			
DO YOU REQUIRE	FINANCIAL ASSISTANCE FO	R REGISTRA	TION FEE:		YES	NO
IF YES, WHAT IS TH	HE AMOUNT OF THE REGIST	ATION FEE:				
LIST THE SUBJECT RELATED COSTS:	S / MODULES THAT YOU R	EQUIRE FINA	ANCIAL ASS	SISTANC	E WITH,	AND THE
CODE	SUBJECT / MODULE		COST (RAI	ND)		
-	FINANCIAL ASSISTANCE FO		SORY PRES	CRIBED	YES	NO
IF YES, PLEASE CO	MPLETE THE DETAILS BELO	DW .				
1. SUBJECT / MODI	JLE CODE:					
TEXT BOOK TITLE	1:					
AUTHOR						
PUBLISHER						
ISBN#						
YEAR PUBLISHED	EDITION		соѕт			



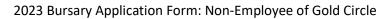
2. SUBJECT / MODU	JLE CODE:				
TEXT BOOK TITLE	2:				
AUTHOR					
PUBLISHER					
YEAR PUBLISHED	EDI	TION		COST	
3. SUBJECT / MODU	JLE CODE:				
TEXT BOOK TITLE	3:				
AUTHOR					
PUBLISHER					
YEAR PUBLISHED	EDI	TION		COST	
4. SUBJECT / MODU	JLE CODE:				
TEXT BOOK TITLE	4 :				
AUTHOR					
PUBLISHER					
YEAR PUBLISHED	EDI	TION		COST	
5. SUBJECT / MODU	JLE CODE:				·
TEXT BOOK TITLE	 5:				
AUTHOR					
PUBLISHER					
YEAR PUBLISHED	EDI	TION		COST	
6. SUBJECT / MODU	JLE CODE:				
TEXT BOOK TITLE	6:				
AUTHOR					
PUBLISHER					
YEAR PUBLISHED		EDITION		COST	
	APPLICATION AMOUN + Tuitions Costs + Tex		=		R



DETAILS OF GUARANTOR

PARENT OR GUARDIAN 1 (if other than the spouse)

FORENAME																
SURNAME																
IDENTITY NUM	BER															
PHYSICAL RES	IDENTI	AL AD	DRES	S:					•				·			
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MARITAL STAT	US	SING	LE		MAR	RIED			DIV	ORC	CED		WI	DOV	VED	
RELATIONSHIP	TO AP	PLICA	NT						PA	REN	IT		GU	IARE	DIAN	
IF FORMALLY	EMPLO	YED,	PLEAS	E CON	/IPLE	TE TH	E BEL	.ow								
JOB TITLE																
NAME OF COM	PANY E	EMPLO	YED A	λT												
CURRENT LEN	GTH OF	EMP	LOYM	ENT SE	ERVIC	E (ye	ars)									
GROSS ANNUA	AL INCC	ME (T	otal co	st of en	nployr	ment)										
IF SELF-EMPLO	OYED, F	PLEAS	SE COI	MPLET	E BEI	LOW										
SECTOR		FC	DRMAL	•						INF	ORMA	L				
PROFESSION																
COMPANY NAM	ΛE, IF F	ORMA	L ENT	ITY												
COMPANY REC	SISTRA	TION	NUMBE	ER												
NATURE OF IN	DUSTR	Υ														
GROSS ANNUA	AL TURI	10/E	R (Pre	Tax)												

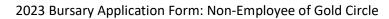




DETAILS OF GUARANTOR

PARENT OR GUARDIAN 2 (if other than the spouse)

FORENAME														
SURNAME														
IDENTITY NUME	BER													
PHYSICAL RESI	IDENTIA	AL ADI	DRES	S:										
PROVINCE										POST	AL C	ODE		
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PROFESSION														
COMPANY NAM	IE, IF FO	ORMA	L ENT	ITY										
COMPANY REG	ISTRAT	LION N	IUMBE	ER										
NATURE OF INC	OUSTRY	Y												
GROSS ANNUA	L TURN	10VER	R (Pre	Tax)										





DETAILS OF GUARANTOR

SPOUSE (if other than the parent or guardian)

FORENAME															
SURNAME															
IDENTITY NUM	BER														
PHYSICAL RES	SIDENTI	AL ADI	DRES	S:						·				·	
PROVINCE										POS	STA	AL CC	DE		
POSTAL ADDR	ESS:														
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WORK TELEPH	IONE N	JMBER	₹		()									
CELLULAR PHO	ONE NU	MBER													
EMAIL ADDRES	SS														
NATIONALITY															
IF FORMALLY	EMPLO'	YED, F	PLEAS	SE CON	1PLE	TE TH	E BEL	ow							
JOB TITLE															
NAME OF COM	PANY E	MPLO	YED A	λ Τ											
CURRENT LEN	GTH OF	EMPL	OYMI	ENT SE	RVIC	E (yea	ırs)								
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SECTOR		FO	RMAL	-					INF	FORM	1AL	-			
PROFESSION															
COMPANY NAM	ΛE, IF F	ORMA	L ENT	ΊΤΥ											
COMPANY REC	SISTRAT	ΓΙΟΝ Ν	IUMBE	ΞR											
NATURE OF IN	DUSTR	Y													
GROSS ANNUA	AL TURN	OVEF	R (Pre	Tax)											



APPLICANT'S DECLARATION

Signature of Applicant

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.

Date of Application (yyyy/mm/dd)

DETAILS OF WITNE	ss co	NFI	RMIN	G OB	SERV	ATION	OF SI	GNAT	URE A	S AB	OVE		
FORENAME:													
SURNAME:													
IDENTITY NUMBER	₹:												
PHYSICAL RESIDE	NTIAL	ADI	DRES	S:									
PROVINCE								POS	TAL C	ODE			
HOME TELEPHONE	E NUM	IBEF	₹:		()						
WORK TELEPHONI	E NUM	1BEF	₹:		()						
CELLULAR PHONE	NUME	BER											
EMAIL ADDRESS:													
WITNESS SIGNATU	JRE												



GUARANTORS DECLARATION

Signature of Parent 1 / Guardian 1 / Spouse

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.

Date of Signature (yyyy/mm/dd)

Signature of Parent 2 /	Guardia	n 2				Date	of Signa	ature (yyyy/m	m/dd)		
DETAILS OF WITNES	S CONF	IRMIN	G OBS	ERVA	ATION	OF S	IGNATI	URES	AS AE	BOVE		
FORENAME:												
SURNAME:												
IDENTITY NUMBER:												
PHYSICAL RESIDEN	TIAL AD	DRES	S:									
PROVINCE							POS	TAL C	ODE			
HOME TELEPHONE	NUMBE	R:		()						
WORK TELEPHONE	NUMBE	R:		()						
CELLULAR PHONE N	NUMBER	₹:										
EMAIL ADDRESS:												
WITNESS SIGNATUR	RE											



FOR OFFICE USE ONLY:

DATE APPLICATION FINALISED BY APPLICANT (yyyy	//iiiii/du)		
APPLICATION STATUS	COMPLETE	INCOMP	LETÉ
ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUAI	· ·	YES	NO
CERTIFIED COPIES OF DIVORCE CERTIFICAT GUARDIANS (if divorced)		YES	NO
CERTIFIED COPY OF DEATH CERTIFICATE OF PARI deceased)		, LES	NO
ATEST 3 MONTHS BANK STATEMENT IF PARENT / S UNEMPLOYED		YES	NO
COPY OF UI-19 FORM or ORIGINAL SWORN AFFIE GUARDIANS / SPOUSE (for unemployed)	DAVIT OF PAREN	YES	NO
THREE MONTH BANK STATEMENT OF PARENTS / G OR IF SELF EMPLOYED, THEN FINANCIAL STATEME		USE YES	NO
CERTIFIED COPIES OF PAYSLIPS OF PARENTS / GL	JARDIANS / SPOU	SE YES	NO
CERTIFIED COPIES OF ID OF PARENTS / GUARDIAN	IS / SPOUSE	YES	NO
CHARACTER REFERENCE		YES	NO
LETTER OF MOTIVATION		YES	NO
NSTITUTION CERTIFIED COPY OF REGISTRATION AT TERTIARY	INSTITUTION	YES	NO
applicable) CERTIFIED COPY OF ADMISSION ACCEPTANCE LET		YES	NO NO
CERTIFIED COPY OF PAST TERTIARY ACADEMIC RICERTIFIED COPY OF CURRENT TERTIARY ACA) (if	NO
CERTIFIED COPY OF STATEMENT OF RESULTS (ABCERT)		YES	NO
CERTIFIED COPY OF GRADE 12 CERTIFICATE	051105 05 05 15	YES	NO
FINANCIAL STATEMENTS AND 3 MONTH BAN APPLICANT (if self-employed)	IK STATEMENT	OF YES	NO
CERTIFIED COPY OF PAYSLIPS OF APPLICANT (if er	mployed)	YES	NO
ATEST 3 MONTHS BANK STATEMENT OF APPLICA	NT	YES	NO
**SWORN AFFIDAVIT BY PARENT / GUARDIAN II ABOVE	N THE ABSENCE	OF YES	NO
CERTIFIED COPY OF PHYSICAL RESIDENTIAL ADDR	RESS	YES	NO
CERTIFIED COPY OF ID OF APPLICANT		YES	NO
APPLICATION FORM COMPLETED		YES	NO
DATE APPLICATION RECEIVED (yyyy/mm/dd)			

Signature of CSA	Date of Receipt (yyyy/mm/dd)



RECOMMENDATION BY BURSARY COMMITTEE						
APPLICATION APPROVED	YES		NO			
						
Name of Bursary Committee Chairperson	Signature of Chairperson					
Date (yyyy/mm/dd)						