



**ORBIT TVET COLLEGE
STUDENT ALLOWANCE APPLICATION FORM**

1. SUPPORTING DOCUMENTS CHECKLIST

Documentation Checklist	Attached	
	Yes	No
Detail		
1. Student's certified ID copy		
2. Accommodation Allowance (Lease agreement/Student & Landlord affidavit)		
3. Landlord's Certified ID copy		
4. Landlord's documents limited to one of the following: <ul style="list-style-type: none">• Title Deed, Recent Municipal Water Bill, Stand Card, Lekwalo la Kgosana• Documents must not be older than 3 months		
5. Proof of Home address		
6. Student Bank Statement/Account Confirmation letter		
7. Student Enrolment/Proof of Registration		

Declaration by the Student

I have made an application for NSFAS Accommodation Allowance from ORBIT TVET College

I confirm that:

The information provided by myself in respect of this application is to the best of my knowledge true and correct. I further confirm that I am not residing with relatives or immediate family members at the address while studying provided below.

In the event that it is later discovered that this application was fraudulent/falsified and as a result of same the College suffers an out of pocket loss due to my negligence and/or criminal intent in submitting this application.

I acknowledge that the College reserves the right to institute a criminal and/or civil claim against me should I be found to be in contravention of this declaration.

I hereby submit my personal banking details:

2. STUDENT DETAILS

Surname: _____ Title: _____

First Names (as reflected on ID): _____

Identity Number:

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Date of Birth:

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Gender: Male ☐ Female ☐

Race: African ☐ Coloured ☐ Indian ☐ White ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Home Address (not a P.O Box):

_____ Code: _____

Postal Address (if different from home address):

_____ Code: _____

Home Telephone No.: _____ Cellphone: _____

Address while studying (not a P.O Box):

_____ Code: _____

Telephone while studying: _____ Cellphone: _____

Email Address:

Next of kin contact Number: _____

3. STUDY DETAILS

Campus : _____

Programme : _____

Level : _____

4. PARTICULARS OF BURSARY

Allowance requested (Mark the box with an X)	
Accommodation	

I DECLARE THAT I HAVE READ AND UNDERSTOOD THE CONTENT OF THE ALLOWANCE APPLICATION FORM AND THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT COMPLETING THE APPLICATION FORM DOES NOT MEAN THAT I HAVE BEEN GRANTED BURSARY FOR MY ALLOWANCE CLAIM

Signed by the STUDENT at: _____ on this _____ day of _____ 20____.

STUDENT SIGNATURE: _____

5. TO WHOM MUST THE ALLOWANCE BE PAID TO

Surname _____ Initials _____

BANKING DETAILS

Account Holder	<input type="text"/>	Bank Name	<input type="text"/>
Account nr	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	<input type="text"/>	Branch name	<input type="text"/>

AMOUNT PAYABLE

TOTAL REFUND

Checked by:	_____ (Bursary Officer)	Date	_____
Approved by:	_____ (Campus Manager)	Date	_____
Checked by:	_____ (Accountant CC)	Date	_____
Verified by:	_____ (Senior Accountant CC)	Date	_____
Authorised by:	_____	Date	_____
Processed by:	_____	Ref Nr	_____
		Date	_____