military veterans
Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

2030 NDP

Reference No: _____

Tertiary Education Support

CONFIRMATION PUBLIC CONTINUING EDUCATION SUPPORT

"Continuing learners" are regarded as learners that were approved and provided with Education Support in 2019

OPENING DATE: 01 AUGUST 2019 AND CLOSING DATE: 13 SEPTEMBER 2019

NB: This form must be completed in full; failure to do so will result in disqualification. All fields are compulsory. Complete in capital letters and black ink ONLY

IMPORTANT NOTICE ON EDUCATION SUPPORT

NO E-MAIL DOCUMENTS WILL BE ACCEPTED & NO LATE SUBMISSIONS WILL BE CONSIDERED!

ALL REQUIRED DOCUMENTS MUST BE CERTIFIED AND ATTACHED TO THE 2020 CONFIRMATION FORM. CERTIFICATION MUST NOT BE OLDER THAN 3 MONTHS.

1. **Closing date: 13 September 2019**
2. **No e-mailed or scanned applications forms will be accepted & no late applications will be considered!**
3. **All required supporting documents must be originally certified and attached to the 2020 Confirmation form**
4. **Certification must not be older than 3 months. (*Compulsory)***
5. **Full academic transcript for the first semester (*Compulsory*).**
6. **The Confirmation form must be in original format (Not a copy of a copy)**

PERSONAL DETAILS (COMPULSORY)

First Names of **Military Veteran** (in full as per your ID documents)

Surname of **Military Veteran** (in full as per your ID documents) Cell Number

ID number of **Military Veteran** Email Address:

First Names **Student** (in full as per your ID documents)

Surname **Student** (in full as per your ID documents)

ID Number **Student** Cell Number Student

Gender of the **Student**

Male		**Female**	

Disability

Yes		**No**	

If Yes, Specify_____

NSFAS REFERRENCE NUMBER	

DECLARATION BY THE PARENT/GUARDIAN/STUDENT (COMPULSORY)

I, the undersigned (Full Names)_____, am the Parent/Guardian/Student (of applicant) whose details appear in this form.
The completed content of the said form falls within my personal knowledge, unless stated otherwise and are both true and correct. I further permit the Department of Military Veterans to conduct verification of any information provided if required.

_____ _____

PARENT/GUARDIAN SIGNATURE **DAT**

Reference No: _____

INSTITUTION DETAILS

Name of the Institution

Indicate the entire duration of the course (e.g.1 year course, etc.)	
Indicate the year of study in 2020 (e.g. 1st, 2nd, 3rd etc.)	
Has the student been accepted at the institution for 2020? (Yes/No)	
Email Address	

I, declare that the dependant is a bona fide student in the Institution and the information provided is true and correct.

Initials and Surname Registrar: _____

Signature of the Registrar: _____

Date: _____

Compulsory Institution Stamp

COMPLETED CONFIRMATION FORM SHOULD BE SUBMITTED OR POSTED (REGISTERED MAIL) TO THE FOLLOWING ADDRESS:

For Attention:
Continued Tertiary Education Support
Department of Military Veterans Private
bag X943
Pretoria
0001

OR

NEAREST DMV PROVINCIAL OFFICE

FOR DMV OFFICE USE ONLY

Is application completed in full? Yes/ No	Is the form dated and signed in full? Yes/ No	Latest Academic Transcripts Attached/Not Attached

DOCUMENTS RECEIVED AND CHECKED BY:_____**(NAME IN PRINT)**

_____
SIGNATURE

_____
DATE (DD/MM/YYYY)

Compulsory DMV Stamp