

DE BEERS FINANCIAL ASSISTANCE SCHEME APPLICATION FORM

Name of Applicant:

Field of Study:

Contact Number:

Please attach certified copies of the following:

- Latest results from school
- ID copy
- Proof of registration/Acceptance letter for tertiary institution
- Proof of residential address
- Proof of household income

Applications will not be processed without above-listed documents attached.

DE BEERS FINANCIAL ASSISTANCE SCHEME APPLICATION FORM

PERSONAL INFORMATION			
Name of Applicant			
Surname of Applicant			
ID Number			
Physical Address	House Number and Street Name:		
	Area:		
	Town/City:		
	Code:		
	Municipal Area:	Blouberg:	<input type="checkbox"/>
		Musina:	<input type="checkbox"/>
Other:		<input type="checkbox"/>	
Postal Address			
Contact Numbers	Home:		
	Work:		
	Cell:		
	Fax:		
HIGH SCHOOL INFORMATION ³			
Last School Attended			
Year Attended			
School's Contact Number			

DE BEERS FINANCIAL ASSISTANCE SCHEME APPLICATION FORM

TERTIARY INSTITUTION INFORMATION	
Name of Tertiary Institution Registered with	
Year of Academic Study	
Qualification Registered For	
Duration of qualification	
Student Number	
Institution Contact Number	
Type of Institution	Private <input type="checkbox"/> Public <input type="checkbox"/>
Total Cost of Study	
Outstanding Fees	

FAMILY BACKGROUND	
Full names of Parent/Guardian	
Parent's/Guardian's Postal Address	Street Number and Name:
	Area:
	Town/City:
	Code:
Do your parents work for De Beers – Venetia Mine?	
• Yes <input type="checkbox"/> Company no.: _____ Grade BU <input type="checkbox"/> CL <input type="checkbox"/> CU <input type="checkbox"/> DL <input type="checkbox"/> DU <input type="checkbox"/>	
• No <input type="checkbox"/> Company name: _____	
Number of household children/dependents below the age of 21	
Number of household children/dependents currently registered with any tertiary institution	
Number of household children/dependents currently receiving student financial assistance from De Beers	
Household source/s of income	
Total monthly household income	

I, _____, the Parent/Guardian, hereby declare that the information included herein is correct in all respects.



**DE BEERS FINANCIAL ASSISTANCE SCHEME
APPLICATION FORM**

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

FOR OFFICE USE:
Application received by:

PRINT NAME

SIGNATURE

DATE