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;



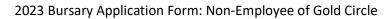
DISQUALIFICATION

- 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	AL ADDRE	SS:										
PROVINCE							POST	AL CC	DE				
POSTAL A	DDRESS:												
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NATIONAL	ITY:												
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RACE:	AFRICAN		COLC	URED		II	NDIAN				WH	IITE	
MARITAL S	STATUS:	SINC	GLE	MAF	RRIED		DIVC	RCED)	W	IDOW	'ED	
DO YOU H	AVE A DISAE	BILITY?				Y	ES			NC)		
IF YES, PL	EASE PROVI	DE THE N	IATURE (OF THE	DISABI	LITY:							
DO YOU H	AVE A CRIMI	NAL REC	ORD?			Y	ES			NC)		
IF YES, PL	EASE PROVI	DE THE D	ETAILS	OF THE	CRIMIN	IAL R	ECOR	D:					
ARE YOU	FINANCIALL	Y DEPEN	DANT ON	I YOUR	PAREN	ITS/	GUARE	DIANS	/ SPO	USE	?		
YES		N	0										
IF NOT, PL	EASE COMP	LETE NE	XT SECT	ION ON	"APPL	ICAN	T'S SO	URCE	OF IN	ICON	IE DE	TAILS	5"



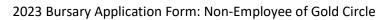
BRIEFLY ELABORATE ON YOUR SOURCE OF INCOME



APPLICANT'S SOURCE OF INCOME DETAILS

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

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CURRENT LENGTH				
GROSS ANNUAL IN	COME (Total cost of	employment)		
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SECTOR	FORMAL		INFORMAL	
PROFESSION		T		
COMPANY NAME, IF	F FORMAL ENTITY			
COMPANY REGISTI	RATION NUMBER			
NATURE OF INDUS	TRY			
GROSS ANNUAL TU	JRNOVER (Pre Tax)			
SECONDARY SCH	HOOL ACADEMIC	RECORD		
SECONDARY SCHO	OOL NAME:			
CITY / TOWN SCHO	OOL 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, APPLICAE	BLE LEVEL A	AND % ACHIEVED)	
SUBJECT / MODU	ILE		LEVEL (1st, 2nd or	3 rd)	%

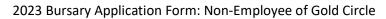


BURSARY REQUIRED

NAME OF TERTIAR	Y INSTITUTION:					
NAME OF QUALIFIC	CATION:					
			ı			
NQF LEVEL		SAQA ID				
HAVE YOU BEEN A	DMITTED TO THIS QUALIFICA	ATION:		YES	NO	
HAVE YOU REGIST	ERED FOR THIS QUALIFICAT	TION:		YES	NO	
STUDENT NUMBER	AT THIS TERTIARY INSTITU	TION:				
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	3:		YES	NO	
WHAT WAS THE OU	JTCOME AFTER REWRITING	THE FAILED	SUBJECTS:			
DO YOU REQUIRE	FINANCIAL ASSISTANCE FOR	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	ISTANC	E WITH,	AND THE
CODE	SUBJECT / MODULE		COST (RAN	ND)		
-	FINANCIAL ASSISTANCE FO		SORY PRES	CRIBED	YES	NO
IF YES, PLEASE CO	MPLETE THE DETAILS BELC	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	соѕт	
3. SUBJECT / MODU	JLE CODE:	<u> </u>		·
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AUTHOR				
PUBLISHER				
YEAR PUBLISHED	EDI	TION	COST	
4. SUBJECT / MODU	JLE CODE:			•
TEXT BOOK TITLE	4:			
AUTHOR				
PUBLISHER				
YEAR PUBLISHED	EDI'	TION	соѕт	
5. SUBJECT / MODU	JLE CODE:	<u> </u>		·
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AUTHOR				
PUBLISHER				
YEAR PUBLISHED	EDI:	TION	COST	
6. SUBJECT / MODU	JLE CODE:	<u>. </u>		·
TEXT BOOK TITLE	6:			
AUTHOR				
PUBLISHER				
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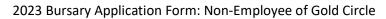




DETAILS OF GUARANTOR

PARENT OR GUARDIAN 1 (if other than the spouse)

FORENAME															
SURNAME															
IDENTITY NUMB	BER														
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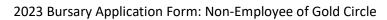




DETAILS OF GUARANTOR

PARENT OR GUARDIAN 2 (if other than the spouse)

FORENAME																
SURNAME																
IDENTITY NUM	BER															
PHYSICAL RES	IDENTI	AL AD	DRES	S:					·				·			
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COMPANY REG	SISTRA	NOIT	NUMBE	ER												
NATURE OF INI	DUSTR	Υ														
GROSS ANNUA	L TURI	NOVE	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										POST	AL CO	DE	
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EMAIL ADDRES	SS												
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JOB TITLE													
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CURRENT LEN	GTH OF	EMPL	OYM	ENT SE	RVIC	E (yea	ars)						
GROSS ANNUA	AL INCO	ME (To	otal co	st of en	nployn	nent)							
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SECTOR		FO	RMAL	-					INF	ORMAI	L		
PROFESSION													
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COMPANY REC	GISTRAT	TION N	IUMBE	ER									
NATURE OF IN	DUSTR	Y			•								
GROSS ANNUA	AL TURN	NOVER	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)

FORENAME: SURNAME: IDENTITY NUMBER: PHYSICAL RESIDENTIAL ADDRESS: PROVINCE HOME TELEPHONE NUMBER: WORK TELEPHONE NUMBER: CELLULAR PHONE NUMBER: EMAIL ADDRESS: WITNESS SIGNATURE	DETAILS OF WITNESS	CONF	IRMIN	G OBS	SERVA	TION	OF SI	GNAT	URE A	AS ABO	OVE		
IDENTITY NUMBER: PHYSICAL RESIDENTIAL ADDRESS: PROVINCE HOME TELEPHONE NUMBER: WORK TELEPHONE NUMBER: () CELLULAR PHONE NUMBER: EMAIL ADDRESS:	FORENAME:												
PHYSICAL RESIDENTIAL ADDRESS: PROVINCE POSTAL CODE HOME TELEPHONE NUMBER: () WORK TELEPHONE NUMBER: () CELLULAR PHONE NUMBER: EMAIL ADDRESS:	SURNAME:												
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WORK TELEPHONE NUMBER: () CELLULAR PHONE NUMBER: EMAIL ADDRESS:	PROVINCE							POS	TAL C	ODE			
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EMAIL ADDRESS:	WORK TELEPHONE	NUMBE	R:		()						
	CELLULAR PHONE N	UMBER	₹:										
WITNESS SIGNATURE	EMAIL ADDRESS:												
	WITNESS SIGNATUR	E											



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	of Signa	ature (yyyy/m	m/dd)		
DETAILS OF WITNESS	CONF	IRMIN	G OBS	ERVA	TION	OF S	IGNATI	URES	AS AE	BOVE		
FORENAME:												
SURNAME:												
IDENTITY NUMBER:												
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CELLULAR PHONE N	IUMBEF	₹:										
EMAIL ADDRESS:												
WITNESS SIGNATUR	E											



FOR OFFICE USE ONLY:

APPLICATION REFERENCE NUMBER:				
DATE APPLICATION RECEIVED (yyyy/mm/dd)				
APPLICATION FORM COMPLETED			YES	NO
CERTIFIED COPY OF ID OF APPLICANT			YES	NO
CERTIFIED COPY OF PHYSICAL RESIDENTIAL ADDRI	ESS		YES	NO
***SWORN AFFIDAVIT BY PARENT / GUARDIAN IN ABOVE	THE ABSEN	NCE OF	YES	NO
LATEST 3 MONTHS BANK STATEMENT OF APPLICAN	Т		YES	NO
CERTIFIED COPY OF PAYSLIPS OF APPLICANT (if em	ployed)		YES	NO
FINANCIAL STATEMENTS AND 3 MONTH BANI APPLICANT (if self-employed)	STATEME	NT OF	YES	NO
CERTIFIED COPY OF GRADE 12 CERTIFICATE			YES	NO
CERTIFIED COPY OF STATEMENT OF RESULTS (ABS CERT)	ENCE OF GR	RADE 12	YES	NO
CERTIFIED COPY OF PAST TERTIARY ACADEMIC RE	CORD (if appl	icable)	YES	NO
CERTIFIED COPY OF CURRENT TERTIARY ACAI applicable)		`	YES	NO
CERTIFIED COPY OF ADMISSION ACCEPTANCE LETT NSTITUTION	ER FROM TE	RTIARY	YES	NO
CERTIFIED COPY OF REGISTRATION AT TERTIARY I	ISTITUTION		YES	NO
LETTER OF MOTIVATION			YES	NO
CHARACTER REFERENCE			YES	NO
CERTIFIED COPIES OF ID OF PARENTS / GUARDIANS	/ SPOUSE		YES	NO
CERTIFIED COPIES OF PAYSLIPS OF PARENTS / GUA	ARDIANS / SF	POUSE	YES	NO
THREE MONTH BANK STATEMENT OF PARENTS / GU OR IF SELF EMPLOYED, THEN FINANCIAL STATEMEN	ITS		YES	NO
COPY OF UI-19 FORM or ORIGINAL SWORN AFFIDA GUARDIANS / SPOUSE (for unemployed)	AVIT OF PAF	RENTS /	YES	NO
LATEST 3 MONTHS BANK STATEMENT IF PARENT / G IS UNEMPLOYED			YES	NO
CERTIFIED COPY OF DEATH CERTIFICATE OF PARE deceased)		`	YES	NO
CERTIFIED COPIES OF DIVORCE CERTIFICATE GUARDIANS (if divorced)			YES	NO
ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUAR parents or guardians)	DIANS (for se	eparated	YES	NO
APPLICATION STATUS	COMPLETE		INCOMP	LETE
DATE APPLICATION FINALISED BY APPLICANT (yyyy/	mm/dd)		1	
COMMENTS BY CSA:		1		

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



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