

| | COMPEN | SATI | ION FUI | | | AL BUR C YEAR | | | LICAT | ΓΙΟΝ | FOR | RM | | | |
|--|----------------------------|--------|-----------------|---------|---------|--------------------------|--------------|---------------|----------|----------------|-------|------|--------|--------|---------|
| Α | | DE | TAILS O | F THE S | STUDY F | PROGRAM | ME FO | OR WH | ICH YO | U WIS | н то | RECE | IVE FL | JNDIN | G |
| Study Programme | | | | | | | | | | | | | | | |
| University | | | | | | | | | | | | | | | |
| Student Number / App | | ber | | | | | | | | | | | | | |
| Year of commenceme | nt of study | | | | | Antio | cipated | l year o | of compl | letion | | | | | |
| В | | | | F | PARTIC | JLARS OF | APPL | ICANT | ' | | | | | | _ |
| Dependent of COID with a permanent disa | beneficiari blement (PW | | U | | | ID benefi it disablei | | | | | | G | eneral | Youth | |
| COID Pension Admini | strator | | Compens Fund | ation | | Rand M Assuran | | | | rated al As | | - | oyers | | N/A |
| Please provide us with Pension Number | n the COID C | laim n | number / | | | | | | | | | | | | N/A |
| Title | | | | Surr | name | | | | | | | | | | |
| First names (in full) | | | | | | | X | | | | | | | | _ |
| Maiden name (if applicable) | | | | | Date | of birth | Y | Υ | Υ | Υ | | M | M | D | D |
| Identity number (attack copy of ID) | certified | | | | | | | | | | | | | | |
| Home language | | • | | | | | | | | M | ale | | Fe | male | |
| African | | Colo | oured | | | Indian | 1 | | | | W | hite | | | |
| Marital status | | | | | | Citize | nship | | | | | | | | |
| Do you have a disabilit | ty? | Yes | No | Туре | of disa | bility | | | | | | | | | |
| Residential address | | | | | | | | | | | | | | | |
| (including postal code Province |) | G | P | NW | LP | MP | • | FS | K | ζZN | | EC | NC | : | WC |
| Local/ District Municip | ality | | | | | | | | | | | | | | |
| Postal address | | | | | | | | | | | | | | Post: | al Code |
| (including postal code | | | | | | | 0-11- | | | | | | | 1 0310 | ii oode |
| Telephone number dur (code and number) | | | | | | | Num | | | | | | | | |
| E-mail address (if appl | icable) | | | | | | Alter Num | native ber | | | | | | | |
| С | | | PARTI | CULAR | S OF PA | ARENT (M | other) / | LEGA | L GUAR | DIAN | | | | | |
| Surname | | | | | | | | | | | | | | | |
| First names | | | | | | | | | | | Title | | | | |
| ID Number (Attach a ce | ertified copy | of ID) | | | | | | | | | | | | | |





| Residential code | address and postal | | | | | | | | | Telephone | | cod | le | | | | |
|---|--|--|--|--|--|---|--|--|--|---|--|---|--|---|---|---|--|
| | | | | | | | | | | number (home) | | nur | nbei | r | | | |
| | | | | | | | | | | cod | e | | | | | | |
| | | | Postal Code | | | | | | | Telephone number (wo | ork) | nur | nbei | r | | | |
| | | | | СО | ID bene | eficiary | with a | perm | nane | ent disablen | nent | Yes | ; | | No | | |
| D | | • | PA | RTICU | LARS | OF PA | RENT(I | Fathe | er)/L | LEGAL GUA | RDIA | N | | | | | |
| Surname | | | | | | | | | | | | | | | _ | | |
| First Names | i | | | | | | | | | | | | | | | | |
| ID Number (| Attach a certified co | ppy of ID |)) | | | | | | | | | | | | | | |
| Residential code | address and po | ostal | | | | | | | | Telephone | | coc | le | | | | |
| | | | | | | | | < | | Number (home) | | number | | r | | | |
| | | | | | | | | | | Telephone | | Code | | | | | |
| | | | Postal Code | | | | | | | Number (work) | | number | | r | | | |
| | | | | СО | ID bene | eficiary | with a | perm | nand | ent disablen | nent | Yes | i | | No | | |
| E | | - | | STATI | EMENT | BY A | PPLICA | NT | | | | | | | | | |
| and/or its re education in funding assi- and informa acknowledge | etrue, including any of presentative/s and/of formation) as defined stance. I agree that Cotion that I voluntarily that this application | r its cond in the compens y submi | tractors a Protection ation Fthe t to the | nd/or s n of Pe und m Compe | sub-con ersonal lay have nsation | tractors Informa e acces Fund | s proces ation Ac ss to my for mo | ssing at 4 o study nitori | my of 20 y re ing nd b | y personal in 013 for the pesults; other the and reporting | format urpose raining | ion (e/s of insti | in pa ass tutio | artic sess ons n | ular, my f ing my ap naintained | nanci plicat I infor | al and ion for mation |
| Signature of | Applicant | | | 37 | | | | | Da | ate | | | | | | | |
| | CONSENT BY P | | | | | | | | | | | | | | | | |
| Compensati my financial (including, b government eligibility for and academ information on behalf of personal infinformation) result in this not be cons concerns wirl uncondition lawfully, againformation t personal info | signed, declare that on Fund and/or its re information as definut not limited to bank departments) for the funding assistance. In the funding assistance or request to the Corthe minor Applicant ormation (in particula will application for fundicated." I note that in the Compensation hally agree to indemninst any liability that report or access by unaution provided to | epresentated in the ing institute purpose. The aboute the Ampensatat. I undear, my firming assis of the Conay resultorised phonised phonised phonised phonised properties. | ative/s and Protections, inserts of concepts of concep | d/or con of Posurance ducting ary coris a mito rectiful formation Funcion Func | entracto ersonal e compa the financent al inor. I if fy any if re to pronon) and arded a d utilise and, actir ing the prony relial | ars and/ Informanies, cancial malso externations of the consistence of | or sub- ation A credit but neans to neand the stencies voluntar pplicant nplete. conal in | contr. ct 4 cureau est to the pat I as there ry contr's pe There format in tal eation inade | actorials, Each of 200 as, Eac | ors processing of the Component of the Application | of my from wife Home pensation (pensation (pensation (in the Con (in the Asserted As | pers various e Aff tion partic nay a comp parti eligib act's to pro tiona | onal us firing airs, -uncularl acce pete ensa cula ility forov | informance, SAI to a | ormation, icial sector RS, SASS assess the e Application or provide a Fund to nancial arunding as ns, I may be personal sures of su | n par partic A and A Appl A Appl A Appl A Appl B A Appl A | ticular, cipants d other licant's nancial ersonal onsent ess my ademic ace will we any |
| J 244 2 0. | | | | | | | | | Da | ate | | | | | | | |



G CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID BENEFICIARY WITH A PERMANENT DISABLEMENT

"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the Compensation Fund to process my personal information (in particular, my financial information) and the Applicant's personal information (in particular, financial and academic information) will

result in this application for funding assistance being regarded as incomplete. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.

I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me."

| Signature of Parent / Guardian | | | Date | V |
|---|----------|-------------|---------|--------------|
| | | - 1 | | |
| Н | FC | OR OFFICE U | SE | |
| Captured by: | (| Date Capt | ured: | |
| Eligibility Status (please tick ($\sqrt{\ }$) | Suitable | 1/ | Pending | Not Suitable |
| Comments: | | | | |
| Signature: | | Date: | | |



| To process your application, please ensure that you complete all parts of the application form and add the supporting documents. Incomplete application forms would not be processed. | | dist (Cross oplicable) |
|---|-----|---------------------------|
| Are you an unemployed COID beneficiary with a permanent disablement who suffered occupational injuries/diseases | Yes | No |
| Are you a dependant of a COID beneficiary with a permanent disablement who suffered | Yes | No |
| occupational injuries/diseases | | |
| Are you a dependant of a fatally injured employee | Yes | No |
| Fully completed application form | Yes | No |
| Attachments | | |
| Certified copy of Identity document / unabridged birth certificate of the Applicant showing details of the COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases/ Fatally injured employees | Yes | No |
| If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted (applicable to dependents of fatally injured workers and dependents of COID Pensioners) | Yes | No |
| a) Proof of Legal Guardianship from the Children's court or b) Family court order to confirm the dependency on the injured worker or c) Forster care confirmation from the Social Worker approved by the district surgeon or d) Maintenance order or e) Paternity tests and f) Any relevant authoritative document | | |
| The following document will not be accepted as it is subjective. | | |
| g) Affidavit/ Sworn Statements | | |
| Parent(s) or guardians' Identity document (certified) | Yes | No |
| If either of your parents is deceased, please provide a certified copy of the death certificate | Yes | No |
| Attach Proof of income - Annual Combined household income bracket of R600 000 and below (Missing middle) Certified or official copy of the latest payslip, three months' bank statements for each parent or your legal guardian or proof of income letter in the form of SASSA grants Dependents of COID beneficiaries with permanent disablement, dependents of fatally injured workers and unemployed COID beneficiaries with permanent disablement are exempted from | Yes | No |
| submitting the proof of income | | |
| Proof of disability (Applicable to the General Persons with Disabilites) | Yes | No |

PRIORITISED FUNDED QUALIFICATIONS

RECOMMENDED PRIORITY QUALIFICATIONS

Health Professional and related clinical science, Information and Communication Technology (ICT), Engineering, Statistics & Data Science, Actuarial Science, Accounting/Financial Science, Economics/Econometrics, Math & Science Education, Marine/maritime studies, Quality Control and Environmental Health qualifications. In addition, financial assistance is available for continuing students registered for Advanced Diploma/ Honours in Accounting Science (Stream: Certificate in The Theory of Accounting (CTA), Chiropractic, Actuarial Science and Medical Orthotist and Prosthetist in all the public universities in the Republic of South Africa.

(COID beneficiaries with a permanent disablement, dependents of COID beneficiaries with permanent disablement and dependents of fatally injured workers are not restricted to the list)

