



**National Agricultural  
Marketing Council**  
Promoting market access for South African agriculture

Block A | 4th Floor | Meintjiesplein Building | 536 Francis Baard Street | Arcadia | 0002  
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Tel: 012 341 1115 | Fax: 012 341 1811/1911  
<http://www.namc.co.za>

## INTERNAL BURSARY APPLICATION FORM

Please Print when completing this form. Mark appropriate blocks with an "X" where necessary, Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.		<b>Drop the complete application form in the NAMC Tender Box in Fourth floor Reception</b>					
<b>CLOSING DATE: 28 SEPTEMBER 2018 FOR 2019 STUDIES</b>							
<b>1. PERSONAL PARTICULARS</b>							
Surname: _____ Title _____							
First Names: _____							
Date of Birth: _____		Identity Number: _____					
Postal Address: _____ _____ _____		Physical Address: _____ _____ _____					
Telephone Number: _____		Cell Number : _____					
E-mail address: _____		Alternative Number: _____					
Race: <b>Black /Coloured/Indian/ White</b>		Disability: <table border="1"><tr><td>Yes</td><td></td><td>No</td><td></td></tr></table>		Yes		No	
Yes		No					
Gender: _____		DIVISION _____					

## 2. BURSARY HISTORY

Have you previously received a Bursary from NAMC? **YES/NO**

If yes – until which year, and kindly attach the results? \_\_\_\_\_

Were you previously a recipient of another bursary from other organisation? **YES/NO**

If the answer is yes please indicate the name of the organisation and indicate whether all the obligations have been fulfilled. \_\_\_\_\_

\_\_\_\_\_

## 3. INSTITUTION THE BURSARY APPLIED STUDIED TO

Name of the accredited tertiary institution of which you intend to studying

Name of the Qualification which you are applying for

Number of years you intend studying for \_\_\_\_\_

Indicate the Major Courses of the Above Mentioned Qualification.

\_\_\_\_\_

## 4. HIGHEST QUALIFICATIONS

Name of Institutions	Degree/Diploma	Year Completed

**I declare that the above particulars are true and correct and understand that any false or incomplete information may constitute grounds to cancel the bursary immediately.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date