

Block A | 4th Floor | Meintjiesplein Building | 536 Francis Baard Street | Arcadia |0002 Private Bag X935 | Pretoria | 0001 Tel: 012 341 1115 | Fax: 012 341 1811/1911 http://www.namc.co.za

EXTERNAL 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. Email completed application form to: **hr@namc.co.za**

CLOSING DATE: 30 SEPTEMBER 2020

for 2021 studies

1. PERSONAL DETAILS:													
Surname:					First Names:								
Postal Address:													
Physical Address:													
Telephone Number					Cell								
Identity Number: Please				-	Gender F	И							
attach Copy of ID.													
Are you a South African	Citizen?		YES	NO	Which SA Province do you come from?								
Which SA City do you co	ome from	2											
Willett 3A City do you co	Jille II OII	1.5											
Do you have any crimina	al Record	?	YES	NO	If Yes please specify:								
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7.000	C W	-		you have any physical disability? YES NO claration is optional:									
Cross whichever is app	iicable		Declai	ration is	optional :								

2. HIGH SCHOOL A	CAD	EMIC RECORD):									
Name of School				Provin								
Matriculated				situate	d							
Year Matriculated			Aggregate Symbol		Exemption	YES	NO					
		SUBJ	ECTS:	GRADE	GRADE:							
NB: Please attach official statement of	1											
	2											
Result	3											
	4											
	5											
	6											
	7											
	8											

	AILS OF P			UA	RDIA	N:														
PARENT/	GUARDIAI	N 1 :																		
Mr.	Mrs.	Ms	S.	S	urnar	ne:														
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4. QUAI	LIFICATIO	N &	INSTI	Γυτ	ION	OF	LE	AF	RNIN	1G	DE	TAI	LS	:						
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Institution																				
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attach Previ																				
statement																				
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Have you								ud	y?							YES				NO
Have you	at a	at a Residence											YES 1				NO			
5. DECLA	PATION																			
J. DECEA	MATION																			
If this application is successful, I shall accept that the bursary will be subject to the relevant																				
conditions	contained	in the	e NAM	C E	xtern	al B	ursa	ary	Cor	ntra	ct t	erm	s ar	nd	Condition	าร.				
Student's																				
Signature									[Date)				/	./ 20				
													-							
If under 21	years of a	ge, pa	arent / I	ega	al gua	rdia	n to) C	omp	lete).									
Parent / le	gal								(Of:										
guardian N										_										
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Signature									Date) :					/ 2	0				