

Department: Employment and Labour REPUBLIC OF SOUTH AFRICA

	CO	MPEN	ISA	ΓΙΟΝ	FUN			_	-	RY APP 5	LICAT	ION F	ORM			
Α			C	DETAIL	S OF	THE S		ROGRA	MME	OR WHI	CH YOU	J WISH	TO REC	EIVE F	UNDING	3
Study Programme																
Training Institution																
Student Number / App	olicati	on Nun	nber													
Year of commenceme	nt of	study						Ant	icipate	d year of	compl	etion				
В						P	PARTICU	LARS C	of app	LICANT						
Dependent of COID with a permanent disa			es		Un		yed COII rmanent						G	eneral	Youth	
COID Pension Admini	strato	or		Com Fund	pensa	tion		Rand I Assura		Г	Feder Mutua	ated al Assu	-	oyers		N/A
Please provide us wit	h the		laim	numb	er /											N/A
Pension Number Title	1					Surn	ame									
First names						••••				$\sim$						
(in full) Maiden name (if	-						Date	of		l y	Y	Y	M	M	D	D
applicable)							birth									
Identity number (attack copy of ID)	h cert	ified														
Are you employed ?	Y	N	Cor	ntract			Perm	anent				Male		Fe	emale	
African			Col	oured				India	n				White			•
Marital status						Citiz	enship				н	ome la	nguage			
Do you have a disabili	ty?		Yes		No	Туре	of disab	oility								
Residential address																
(including postal code) Province GP			GP	NW LP			М	MP FS			KZN EC		NC		WC	
Local/ District Municip	ality															
Postal address (including postal code	)														Postal	l Code
Telephone number du (code and number)	ring tl	ne day							Cell Num	phone nber						
E-mail address (if appl	licable	e)							Alte Num	rnative nber						

С		PAR	TICUL	ARS OF	F PARE	ENT (Mo	other) /	LEGA	L GUA	RDIAN			
Surname													
First names									Title				
ID Number (Attach a certified copy of ID)													

1 P a g e Release date: 15/10/2024/ Through the Fund or University Financial Aid Offices (FAO)





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Residential a code	address and postal								Telephone		code			
									number (home)		number			
		Γ							Telephone		code			
			Postal Code						number (wo	ork)	number			
				COI	D bene	ficiary	with a per	ma	nent disablerr	ent	Yes	No		
D			PA	RTICU	LARS	OF PA	RENT(Fatl	ner)	LEGAL GUA	RDIA	N			
Surname														
First Names														
ID Number (	Attach a certified co	py of ID	)											
Residential code	address and po	stal							Telephone		code			
									Number (home)		number			
									Telephone		Code			
			Postal Code						Number (work)		number			
									nent disablem	ent	Yes	No		
E	signed, declare that t						PPLICANT	_						
believe to be and/or its rep education inf funding assist and information	my knowledge and true, including any o presentative/s and/or formation) as defined tance. I agree that C ion that I voluntarily that this application	missions tis cont in the ompensa y submit	s, I may b tractors a <i>Protection</i> ation Fthe t to the (	e declar nd/or su n of Per e und ma Comper	red inel ub-con rsonal ay have nsation	ligible for tractors <i>Informa</i> e acces Fund	or funding s processin ation Act 4 ss to my stu for monito	assi Ig m <i>of 2</i> Idy r oring	istance. I volur by personal ini 2013 for the pi results; other tr g and reportin	itarily format urpose aining	consent to th ion (in partic e/s of assess institutions	ne Compens cular, my fir sing my app maintained i	ation Fi ancial a lication nformat	und and for tion
Signature of			3						Date					
F	CONSENT BY P	ARENT	(MOTHER	R) / LEC	GAL G	UARDI	AN / COID	BE	NEFICIARY W		PERMANE	NT DISABL	EMENT	-
Compensation my financial (including, bu government eligibility for and academ information c on behalf of personal info information) assistance w resolve any of I uncondition lawfully, agai information to personal info	signed, declare that t on Fund and/or its re information as define it not limited to banki departments) for the funding assistance. ic information), whe in request to the Con the minor Applicant trimation (in particula will result in this appl ill not be considered concerns with the Co ally agree to indemni nst any liability that n o or access by unauth rmation provided to the Parent/Guardian	presenta ad in the ng institu purpose The abo re the A npensati . I under r, my fir ication fu " I note mpensa fy the Co nay resu- norised p	ative/s an Protection utions, ins /s of cond ve volunts on Fund or funding that if the tion Fund or funding that if the propensat lt from pro- persons an	d/or cor on of Pe surance ducting t ary con- is a mir to rectify at failure formatio g assista e Comp I. ion Fun occession nd/or an	ntracto ersonal compa the fina sent al nor. I u y any in e to pr on) and ance bo bensatio d, actin g the p ny reliar	rs and/ Information anies, concial m so externations rovide to the Appendix the Appendix on Fundation on Fund	or sub-con ation Act 4 credit burea heans test t ends to the and that I stencies the voluntary c pplicant's p garded as d utilises p od faith in t I informatic ch may ina	trac o er per ancereir ons pers inccors inccors akir on. 1 dve	tors processir 2013 sourced Department on hable the Com rsonal informa d/or the Applic n. I confirm that ent to enable conal information omplete. There onal information on preasonable This includes u	ig my from f f Hom pensa tion (p cant m the C on (in fore, t on cor steps ninter ed on	personal inf various finan e Affairs, SA tion Fund to particularly th ay access competent compensatio particular, fi the Applican trary to the to process th tional disclo	ormation, in cial sector p RS, SASS/ assess the the Applicant the collecte to provide th n Fund to p nancial and t's eligibility Act's provision e personal is sures of suc	particup articipa and ot Applica 's finan d perso nis cons rocess l acader for func ons, I n nformat h perso	ilar, ants ther int's icial sent mic ding may tion
								C	Date					

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G	CONSENT BY PARENT	(FATHER)/ LEGAL GUARD	IAN/ COID BEN	IEFICIARY WIT	H A PERMANENT DISABLEMENT					
Compensa my financi (including, governme eligibility fi and acade informatio on behalf personal i informatio assistance resolve an I unconditi lawfully, a informatio	"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 <i>Protection of Personal Information Act 4 of 2013</i> 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 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.									
Signature	of Parent / Guardian			Date						
н		50		CE	• 					
	+ FOR OFFICE USE   Captured by: Date Captured:									
-	ty Status (please tick	Suitable		Pending	Not Suitable					
Comme										
Signatu	ire:		Date:							





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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.		klist (Cross oplicable)
Are you an unemployed COID beneficiary with a permanent disablement (An employee who	Yes	No
suffered occupational injuries/diseases)		
Are you a dependant of a COID beneficiary with a permanent disablement	Yes	No
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 / 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	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
f either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Proof of disability (Applicable to the General Persons with Disabilites)	Yes	No
Attach Proof of income - Annual Combined household income bracket of R600 000 and below	Yes	No
(Missing middle) - only applicable to the General Young Persons & Persons with Disabilities who		
must apply through the respective University Financial Aid Offices.		
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 exempteed from		
submitting the proof of income		

## 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)

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