

CONSENT FORM

I/We, the undersigned _____ (Full names and surname) with Identity Number _____ and _____ (Full names and surname) with Identity Number _____ hereby certify that I/we are the parents or guardians or spouse of _____ (Full names and surname) with Identity Number _____ and Student Number _____ hereby declare, agree and undertake the following towards the University of Pretoria (Hereinafter 'the University'):

1. I/We the undersigned, acknowledge that the University wishes to assist my/our child and to facilitate his/her application for the 2017 Government Fee Adjustment Grant
2. I/We hereby give consent to the University and/or such other person or entity the University may designate, the absolute right and permission to conduct creditworthy checks, affordability assessments and to verify my/our household income in order to ascertain whether my/our child qualifies to receive the 2017 Government Fee Adjustment Grant.
3. I/We acknowledge that the above checks and assessments by the University will be conducted strictly in accordance and/or in compliance with the provisions of the National Credit Act No 34 of 2005.
4. I/We also acknowledge that the University is committed to protecting and promoting the privacy of my/our Personal Information including that of its students or any other individuals or organisation 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').
5. I/We hereby give consent to the University to process my/our Personal Information where the processing is necessary and only for purposes of conducting credit checks and verifications for study funding.
6. The University acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive.
7. I/We herewith defend, indemnify and hold harmless the University from any action or claim of any nature whatsoever that might be brought by any person whatsoever against the University 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.
8. I/We acknowledge and agree that I/We have read this consent 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.

Signed at _____ on this _____ day of _____ 20____

Print Name and Surname

(Parent/Spouse/Guardian's Signature)

Signed at _____ on this _____ day of _____ 20____

Print Name and Surname

(Parent/Spouse/Guardian's Signature)