



SACTWU SPECIAL SCHOOLS FUND APPLICATION FORM 2017

For Office
Use

DETAILS OF LEARNER

Surname: _____

First name in full: _____

Date of birth (dd/mm/yy): _____ Age : _____ years

Identity number: _____ Sex: Male Female

Home address: _____

_____ Code: _____ Province : _____

Name of School : _____ Grade : _____

School Fees of Learner (Amount) : _____

Is the SACTWU member your Mother Father Guardian

DETAILS OF SACTWU MEMBER

Surname: _____

First names in full: _____

I.D. Number: _____

Postal address: _____

_____ Code: _____ Province : _____

Telephone No (Home) (_____) _____ Cell No _____

Name of your workplace: _____

Telephone number of workplace : (_____) _____ Fax No : (_____) _____

Your occupation : _____ Clock card number: _____

Date of employment at this workplace : _____ Council number: _____

How many years have you been a union member : _____

I am employed in the :

Clothing Industry Textile Industry Leather Industry Distribution (Retail) Staff Other

SACTWU Branch _____ SACTWU Region _____

I, (name and surname of Member) _____

hereby confirm that all the information furnished above is correct.

Signature of Member : _____ Date: _____

DETAILS OF SCHOOL: (To be completed by the school)

Name of School : _____

LSEN Registration No : _____

Postal Address : _____

_____ Code: _____ Province : _____

Physical Address : _____

_____ Code: _____ Province: _____

Telephone number : (_____) _____ Fax number : (_____) _____

E Mail : _____

Banking Details:

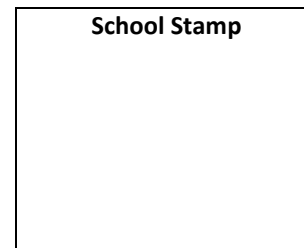
Name of Bank _____

Name of Branch _____

Branch Code _____

Account no _____

Name of Account _____



Please complete all information requested on the application form.

1. Write clearly and legibly (please PRINT).
2. Please ensure that all documents are certified copies and are submitted promptly.
(Your local Post Office or Police Station will be able to certify documents)

The following documents must be submitted with this application form:

1. Certified copy of learner's identity document or birth certificate
2. Certified copy of both parents' identity document
3. Latest original payslip of parent who is a member of SACTWU
4. Copy of sick fund card
5. Original letter, statement or invoice from school confirming learner's fees
6. School's Bank account details
7. Proof for difference in surnames (e.g. Affidavit and marriage certificate)

IMPORTANT INFORMATION TO NOTE

1. A once off annual payment with a maximum of R2250 will be paid per learner.
2. Payment for each learner will be made directly to the school.
3. Only children of SACTWU members qualify for this payment.
4. All applicants will receive written notification of acceptance or otherwise.

Application must be posted to:

SACTWU Bursary Department
P.O. Box 18359
Dalbridge 4014
Tel (031) 3011351
Fax 0865003646

CLOSING DATE

28th February 2017

Emailed /Faxed copies will not be accepted