








KOPANO
INCORPORATED

CHARTERED ACCOUNTANTS
& REGISTERED AUDITORS

 045 839 2008
 045 839 7310
 ecqtn@a2akopano.co.za
 19 Grey Street
Queenstown, 5319
 P.O. Box 137
Queenstown, 5320

BURSARY APPLICATION FORM

Please attach the following documents:

1. *Identity Document*
2. *Curriculum Vitae*
3. *University Exemption Certificate* *(If Applicable)*
4. *Academic Record* *(If Applicable)*
5. *Matric Certificate* *(If Applicable)*

A2A KOPANO INCORPORATED BURSARY APPLICATION FORM

PERSONAL INFORMATION

ID Number													
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PLEASE ATTACH COPY OF IDENTITY DOCUMENT AND CURRICULUM VITAE

Date of Birth	
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Title		Initials		Surname	
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First Names	
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Home Address		Postal code	
		Postal code	

Postal Address		Postal code	
		Postal code	

Telephone		Area Code		Cell phone	
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Nationality		Marital Status	
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State of Health		Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Do you have any physical disabilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details:

Do you have any previous criminal convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details:

LEGAL PARENT / GUARDIAN

ID Number																			
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Title		Initials		Surname	
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First Names	
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Address			
			Postal code

Telephone		Area Code		Cell phone	
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Relationship to student	
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SCHOOL QUALIFICATIONS

Year Matriculated	
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PLEASE ATTACH COPY OF UNIVERSITY EXEMPTION CERTIFICATE AND MATRIC CERTIFICATE (IF APPLICABLE)

Subjects passed	Level	Symbol

Proficiency in Languages (1 = poor & 5 = excellent)	English	
	Afrikaans	
	Xhosa	
	Other:	

OTHER FORMAL EDUCATION RECEIVED SINCE PASSING MATRIC

PLEASE ATTACH COPY OF YOUR UNIVERSITY'S ACADEMIC RECORD (IF APPLICABLE)

Institution	Name of degree/diploma or certificate	Completed		Date
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Extra curriculum activities	

Main interests	

Sport activities	

Degree of which you wish to study		Period of study	
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University of your choice	1.
	2.

When do you wish to commence your studies?	
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I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE

DATE: _____

SIGNATURE: _____