



# South African INSTITUTE OF VALUERS

## NATIONAL BURSARY FUND APPLICATION

(PLEASE READ THE FOLLOWING)

### SECTION A

#### GENERAL CONDITIONS

1. The student must be a South African Citizen.
2. The student must be registered with a recognised educational institution.
3. The recipient must be studying towards a property valuation qualification.
4. The student must have successfully completed the 1<sup>st</sup> year and be entering the 2<sup>nd</sup> year of study. (1<sup>st</sup> year subjects passed must be valuation related.)
5. Students busy with Post Graduate studies may also apply.
6. The recipient must be registered as a Candidate valuer with the SA Council for the Property Valuers Profession.
7. The applicant must be a Student member of The SA Institute of Valuers. (Refer also to C - RULES AND CONDITIONS APPLICABLE TO STUDY ASSISTANCE)
8. The student should not be in receipt of any study allowance, grant, donation or another bursary
9. The student must be in need of financial assistance.
10. The following documents must be attached to the application:
  - Proof of registration with the educational institution,
  - Account for the fees for enrolled subjects,
  - Candidate Valuer registration certificate,
  - Academic progress report / results of the previous year
  - Subjects still outstanding after completion of current academic year
11. The completed application must be submitted to the Branch Executive of the student for their consideration and recommendation.
12. The bursary amount applied for must be provided.
13. The Bursary will be paid directly to the educational institution once awarded for the credit of the students account.
14. The decision of the SAIV is final and no correspondence will be entered into regarding unsuccessful applications.





**5. EMPLOYMENT INFORMATION:**

**Employment Status:** UNEMPLOYED / EMPLOYED

(if yes, complete the following)

**Name of Employer :** \_\_\_\_\_

**Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number :** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Cell Number :** \_\_\_\_\_

**E-mail Address :** \_\_\_\_\_

**Position Held :** \_\_\_\_\_

**Period Employed :** \_\_\_\_\_

**Current Earnings :** R \_\_\_\_\_ **Per Annum**

**Is the Employer paying for your Studies?**  YES/NO (‘‘X’’ APPLICABLE)

**If yes, amount of contribution:** R \_\_\_\_\_  
(Is applicant still eligible for bursary then?)

**FINANCIAL ASSISTANCE REQUIRED FROM SAIV:** R \_\_\_\_\_

**CONFIRMATION BY EMPLOYER**

I hereby confirm as true and correct that -

- (a) The applicant’s studies are not being paid for by me, in whole or in part
- (b) The applicant’s employment information is true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**FULL NAME OF EMPLOYER**

\_\_\_\_\_  
**DATE**



**SECTION D**

**DECLARATION**

I \_\_\_\_\_ hereby confirm that I have read and understood the rules and conditions applicable to this study assistance. I further warrant that I shall complete the course and if, for any reason whatsoever, decide not to proceed with my studies, I shall be liable to repay the Institute of Valuers the total financial assistance already paid on my behalf.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**COUNTERSIGNED BY PARENTS/GUARDIAN**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**SECTION E**

**AFFIDAVIT**

*I, ..... certify that on the .....day of .....20.....  
in my presence*

the Deponent signed this Affidavit and acknowledged to me that he:-

- a) knows and understands the contents thereof;
- b) has no objections to taking this oath;
- c) considers the oath to be binding upon his conscience and uttered the words, "I swear that the contents of this declaration are true, so help me God."

**COMMISSIONER OF OATHS** : \_\_\_\_\_

**FULL NAME** : \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

**SECTION F**

**TO BE COMPLETED BY THE BRANCH EXECUTIVE**

**COMMENTS / MOTIVATION BY THE BRANCH EXECUTIVE:**

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**SPECIAL CONDITIONS IMPOSED BY THE BRANCH EXECUTIVE:**

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**RECOMMENDATION OF THE BRANCH EXECUTIVE:**

The granting of the Bursary is **supported / not supported**.  
(Delete whatever is not applicable)

\_\_\_\_\_

<b>CHAIRMAN</b>	<b>MEMBERSHIP COMMITTEE</b>	<b>EDUCATION COMMITTEE</b>
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**DATE OF APPROVAL:** \_\_\_\_\_

**TO BE COMPLETED BY BURSARY COMMITTEE**

- |                               |        |
|-------------------------------|--------|
| 1. DATE APPLICATION RECEIVED  | .....  |
| 2. DATE APPLICATION APPROVED  | .....  |
| 3. APPLICABLE ACADEMIC YEAR   | .....  |
| 4. ALL DOCUMENTATION RECEIVED | .....  |
| 5. AMOUNT GRANTED             | R..... |
| 6. TERTIARY INSTITUTION       | .....  |

**NOTES**

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**APPROVED BY:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROCESSED ON** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**AMOUNT R** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_