



health

Department:
Health
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



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DECLARATION FORM

TO BE SIGNED BY AN APPLICANT AND PARENT / GUARDIAN IN THE PRESENCE OF A COMMISSIONER OF OATHS

I declare that the information stated in the application form is to the best of my knowledge, true and correct and I understand the conditions governing the granting of the bursary by the Department of Health and if any information is found to be false or misleading in any manner whatsoever, I will accept that as sufficient reason for disqualification without limiting the Department to any other remedy it might deem fit:

Surname & names of the applicant: (in full)

Identity number

Signature of applicant

Signature of parent / guardian in the case of a minor

Date

Date

I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn before me at: _____

on the _____ day of _____ (month) _____ (year)

COMMISSIONER OF OATHS/JUSTICE OF PLACE

Commissioner of oaths OFFICIAL STAMP