Consent Form: Verification of income

Registration Assistance – Hardship fund

Student Id number ____________________________________________

Student number ____________________________________________

In order to assess eligibility of Council Hardship assistance the University requires confirmation of the student's parent/guardian's gross household income.

I/We hereby give consent that WITS University may verify my household income information through third parties. I/We hereby give consent under section 69(6)(b) of the Tax Administration Act, that my/our taxpayer information in the records of SARS may be disclosed to WITS to the extent that it relates to my/our levels of income.

Student signature____________________ at ___________________________ (place)

On this ______ day of __________________________ (month) _____________ (year)

Parents/Guardians Name and Surname ________________________________________

Parents/Guardians Signature ________________________________________________

Parents/Guardians Name and Surname ________________________________________

Parents/Guardians Signature ________________________________________________