



Consent Form: Verification of income

Wits Registration Assistance Fund

Student Id number _____

Student number _____

In order to assess eligibility of Wits Registration Assistance Fund, 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 _____