Sasria Internal Consent Form to Process Child Information

Purpose:

This form authorizes Sasria to collect and process personal information relating to guardian of children for the purpose as stated below

Purpose: _____

E.G. Administering the Study Assistance Programme.

Guardian Information

Full Name: _____

ID Number: _____

Addresses: _____

Contact Number: _____

Email Address: _____

Employer: _____

Child / Dependant Information

(Please complete a section for each child included in the claim.)

Child's Full Name	Date of Birth	Relationship (e.g. Biological/ Adopted)	Educational Institution	School Grade/Level

Required Supporting Documents

Please attach the following documentation:

1. A certified copy of the child's ID or birth certificate
2. Adoption documentation (if applicable)
3. Proof of school or tertiary enrolment for the relevant academic year

Guardian Declaration and Consent

I, the undersigned, confirm that:

- The information provided above is true and correct.
- I understand that Sasria requires the personal details of my child(ren) solely for the purpose as indicated above.
- I hereby give explicit consent to Sasria to collect, store and process my child(ren)'s personal information in compliance with the **Protection of Personal Information Act No. 4 of 2013 (POPIA)** and Sasria's internal data protection policies.
- I acknowledge that I may withdraw my consent at any time by providing written notice to the Sasria; however, doing so may affect eligibility for this benefit.

Guardian Signature: _____

Date: _____

For Sasria Office Use Only

Verified By	Date	Approved Amount	Notes

Submission Details

Please submit the completed form and the required documents to:

Email: ContactUs@sasria.co.za