



Registered Trade Union Reg No. LR 2/6/2/1499  
 Affiliated to Fedusa and a member of IndustriAll.



**Head Office:**

PO Box: 565, Florida 1710, South Africa  
 42 Goldman Street, Florida 1709, South Africa  
 www.uasa.org.za | pr@uasa.org.za  
 Tel: 011 472 3600 | Fax: 011 674 4057 | UASA Call Center: 0861 008 272

C O N F I D E N T I A L

MEMBERS DETAILS

(Mr / Mrs / Ms) / Surname:

ID No.:

Full Names:

Date of Birth:

C O N T A C T D E T A I L S

Postal Address:

Code:

Postal Address:

Code:

Tel. No. (H):

Cell No.:

E-Mail:

Tel. No. (W):

Race:

**Proof of Income:** Latest pay sheet to be attached please.

D E P E N D A N T S

B I R T H D A T E S

Y	Y	Y	Y	/	M	M	/	D	D
Y	Y	Y	Y	/	M	M	/	D	D
Y	Y	Y	Y	/	M	M	/	D	D
Y	Y	Y	Y	/	M	M	/	D	D
Y	Y	Y	Y	/	M	M	/	D	D

**Motivation:** I believe that my application should be favourably considered because:

S T U D E N T D E T A I L S

(Mr / Mrs / Ms) / Surname:

University / Institution:

Relationship to member:

**Status:** Please attach proof that you have successfully completed at least the first year of study as well as proof that you have enrolled for the current year.

**Motivation:** I believe that this application should be favourably considered because I have the potential to:

I accept that the adjudicators of my application may verify any of the information provided by me and that their decision will be final.

Signed: | Y Y Y Y / M M / D D at

Member's signature

Print member's name

**Kindly complete and sign the POPI Consent form attached to this application. Completed application forms must be sent to study@uasa.org.za before 1 April 2024.**



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UASA and its subsidiaries comply with the Protection of Personal Information Act 2013 (Act 4 of 2013) which promotes the protection of personal information processed by public and private bodies by, among others, introducing certain conditions for the lawful processing of personal information so as to establish minimum requirements for the processing of such information.

**DECLARATION**

I hereby consent to UASA and its subsidiaries (referred to as UASA) collecting and processing my Personal Information and that of my spouse, dependants and next of kin which I am authorised to furnish, as obtained from myself and through other lawful and reasonable public sources, in order for UASA to protect my legitimate interests, fulfil its obligations to myself, my spouse, dependants and other members and for any other lawful purpose linked to my membership or if I am not a member, for the specific purpose that I am providing personal information for. Notwithstanding anything contained herein to the contrary, I have read and accept the provisions of UASA's protection of Personal Information Policy (Data Policy), amended from time to time, as available on their website and on request.

As a value added benefit, UASA negotiates offerings for certain products and services on behalf of its members at favourable rates, including, without limitation, short term and long term insurance products, debt management, financial advice and services, legal services, funeral plans, will and estate planning, medical aid and gap cover, assistance in sourcing new and used vehicles and holiday accommodation.

I hereby consent to UASA furnishing my contact details to external accredited service providers of the above products and/or services. I consent to such service providers marketing by way of electronic communication and I can withdraw consent at any given time.

YES

NO

I hereby acknowledge that UASA may from time to time outsource certain of its obligations (owing to its members/ non-members) to third parties and that certain of my personal information will be furnished to such third parties but only to the extent that they acquire such information in order to perform such obligations.

UASA will enter into the necessary privacy and/or confidential agreements with such third parties.

Full Name:

Signature Of Member:

Date: