

APPLICATION FORM



Allan Gray Orbis
Foundation

2024 SCHOLARSHIP PROGRAMME



OPEN TO:

**GRADE 6
LEARNERS**



APPLICATION
DEADLINE:

**16 SEPT 2024,
17:00 SAST**



SMALL STEPS TO BIG IMPACT

3 JUN - 16 SEP

YOUR ENTREPRENEURSHIP JOURNEY BEGINS HERE

Scholarship Application Form 2024

For high school placement in 2026

MINIMUM REQUIREMENTS

- Completing Grade 6 in 2024
- The Scholarship opportunity is an entrepreneurial programme not only for financial support at high school
- Applicants must show interest in becoming an entrepreneur / business owner
- Applicant must obtain a minimum overall average of 70% for all subjects in Grades 5 and 6
- Applicant must obtain a minimum of 70% for Mathematics and English in Grades 5 and 6
- Clearly demonstrate financial need (Household income must not exceed a monthly gross income of R20 000, including business revenue)
- Failure to provide all the financial documentation will result in your application being disqualified
- South African citizen (One parent must be a South African Citizen)
- Candidates must not be older than 12 years of age and not younger than 11 years of age in grade 6 (Candidates must be born in 2012 or 2013)
- Certified copies of ALL required documentation
- Active cellphone number for SMS notifications of application status
- Please submit using the information below. Should you have any queries please contact the call centre on 021 481 5479 (CPT) or 011 290 4940 (JHB)

SELECTION PROCESS



June - 16 September 2024



December 2024



February - March 2025

SUBMISSION DETAILS

Please ensure that this document is signed in full or your application will be disqualified.

POSTAGE:

Allan Gray Orbis Foundation,
Freepost no: CB 11349,
Kloof Street, 8008

*Applications posted on or before the
16th of September will be accepted.
Any applications received from
postage after the 1 November will not
be accepted.*

TIP: Register your mail so you can
track it to avoid the application form
from being lost.

OR HAND DELIVERY:

46 Hof Street, Oranjezicht, Cape Town
OR
1st Floor, Cliffe Dekker Hofmeyr,
1 Protea Place, cnr of Fredman Drive &
Protea Place Sandton, Johannesburg
*Applications delivered after the 16th of September
will not be considered*

APPLICATION DEADLINE:

16 September 2024



Please ensure that the following documents accompany this application form:

- ☐ Certified copy of **unabridged birth certificate (NB)**
- ☐ Certified copy of ID of both parent(s)/legal guardian(s)
- ☐ Divorced parents to provide divorce decree
- ☐ Legal Guardian to provide proof of legal guardianship
- ☐ Certified copy of death certificate(s), if applicable
- ☐ Certified copy of Grade 5 (4th term) report
- ☐ Certified copy of Grade 6 (2nd term) report
- ☐ **If Employed:** Certified copy of proof of income of both parents/legal guardian(s); latest payslips AND 3 months bank statements.
- ☐ **If Self-Employed:** Certified Copy of Income tax statements AND 6 months business account bank statements. **Failure to submit statements, application will be disqualified.**
- ☐ **If Unemployed:** original affidavit(s), stating reasons and period of unemployment. Should you be receiving a pension income, please provide a certified copy of your pension income AND 3 months bank statements.
- ☐ Signature of both applicant and parent /legal guardian(s) must be on the application form
- ☐ Please complete every section in full
- ! Please do not submit any additional supporting documents, eg. Certificates of merit
Only submit the documents requested in the checklist above
- ! Please do not email or fax application forms
- ! Failure to submit all required documentation information will lead to disqualification.
- ! Refusal to attend an interview and the home visit will lead to disqualification.
- ! Allan Gray Orbis Foundation does not solicit funds from candidates
- ! Please include details of biological parent(s) even if you do not live with them
- ! All information requested by the Allan Gray Orbis Foundation will be kept confidential. The Foundation will not disseminate any personal information unless specifically authorised on page 7 and page 10 of this application

We hereby confirm that we have attached all required documents and accept that an incomplete application may lead to disqualification.

Parent/legal guardian(s) signature: _____

1. DETAILS OF APPLICANT (Please note, it is compulsory to complete every section of the form in full)

Title: Mr / Miss / Ms / Dr (Please circle the appropriate option)		First name(s):	
Surname:		Preferred Name:	
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Gender: Male / Female (Please circle the appropriate option))	
Country of citizenship:		Race: Asian / Black / Coloured / Indian / White/ Mixed / Other (Please circle the appropriate option) If Mixed / Other Please specify: _____	
Birth Certificate/ID no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Do you have any learning barriers or disabilities, whether physical or other? <input type="text"/> Y <input type="text"/> N _____			
Street Name & No:		P.O Box	
Suburb :		Suburb :	
City:		City:	
Province:		Province:	
Country:		Country:	
Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail Address:		Home language:	
Second language:		Other languages:	
Preferred method of contact: Post / Email / Home phone / Cell (Please circle the appropriate option)			

2. PERSONAL DETAILS OF MOTHER/LEGAL GUARDIAN

(Information about the parent/legal guardian is required whether actively involved or not)

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)		First name(s):	
Surname:		Date of birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Country of citizenship:		Parent / Legal Guardian (Please circle the appropriate option)	
Relationship to applicant: (e.g. Mother, Father, Aunt)		Marital status: Single / Married / Divorced / Widowed (Please circle the appropriate option)	
ID / Passport No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Occupation:	
Home Address /Employers Address			
Street Name & No:		Suburb / Township / Village:	
City:		Province:	
Country:		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail address:			
Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Cell phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Work phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Preferred method of contact: Post / Email / Home phone / Work phone / Cell (Please circle the appropriate option)			
Does the applicant live with you?			
Do you have a child in this scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. PERSONAL DETAILS OF FATHER/LEGAL GUARDIAN

(Information about the parent/legal guardian is required whether actively involved or not)

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)		First name(s):	
Surname:		Date of birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Country of citizenship:		Parent / Legal Guardian (Please circle the appropriate option)	
Relationship to applicant: (e.g. Mother, Father, Aunt)		Marital status: Single / Married / Divorced / Widowed (Please circle the appropriate option)	
ID / Passport No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Occupation:	
Street Name & No:		Suburb / Township / Village:	
City:		Province:	
Country:		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail address:			
Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Cell phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Work phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Preferred method of contact: Post / Email / Home phone / Work phone / Cell (Please circle the appropriate option)			
Does the applicant live with you?			
Do you have a child in this scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. SCHOLARSHIP FORMAL CORRESPONDENCE CONTACT

(PLEASE NOTE:) All formal correspondence will be sent to the below contact details.

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)	
First name(s):	Surname:
1 st contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to applicant: (e.g. Mother, Father, Aunt)
2 nd contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email address:	
Physical Address:	Postal Address:

5. EMERGENCY CONTACT DETAILS (Should we need to contact you urgently. Add a valid email address for communication)

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)	
First name(s):	Surname:
1 st contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to applicant: (e.g. Mother, Father, Aunt)
2 nd contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email address:	

6. SCHOOL INFORMATION

School name:	
Principal's Details: Title:	Initial/s: Surname:
School's Physical Address:	School District:
Province:	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address:	Website address:

7. WHERE DID YOU HEAR ABOUT THE FOUNDATION'S SCHOLARSHIP?

Please tick the box where you first heard about us

- | | |
|---|---|
| <input type="checkbox"/> Presentation at School | <input type="checkbox"/> Allan Gray Orbis Foundation Website |
| <input type="checkbox"/> Brochure received at your School | <input type="checkbox"/> Television (please specify) _____ |
| <input type="checkbox"/> Poster in Your Class Room | <input type="checkbox"/> Radio (please specify) _____ |
| <input type="checkbox"/> Your Teacher / Principal | <input type="checkbox"/> Magazine (please specify) _____ |
| <input type="checkbox"/> Email sent to You | <input type="checkbox"/> Newspaper (please specify) _____ |
| <input type="checkbox"/> Allan Gray Candidate - Fellow/Fellow | <input type="checkbox"/> Social Media - Facebook |
| <input type="checkbox"/> Allan Gray Scholar | <input type="checkbox"/> Social Media - Twitter |
| <input type="checkbox"/> Family Members | <input type="checkbox"/> Social Media - YouTube - Scholarship Video |
| <input type="checkbox"/> Community Members | <input type="checkbox"/> Your Local Library |
| | <input type="checkbox"/> Other (Please specify) _____ |

Specify here: _____

8. FINANCIAL INFORMATION

Please ensure that proof of income is attached to this application before submitting it to us for processing. Failure to provide this will result in the automatic disqualification of the applicant. If any of the applicant's Parents/Guardians is unemployed, an original affidavit and 3 months bank statements MUST accompany this application, stating reasons for, and period of unemployment. If a pensioner, please include affidavit as proof.

8.1 Gross Income - Before Deductions

Combined monthly household income of parent(s) and / or guardian(s) before deductions:

	Income	Job Description	Level of Education
Father/legal guardian:			
Mother/legal guardian:			
Spouse/live-in-partner:			
Additional Income: (e.g. aunt/uncle/daughter etc)			
Additional Income: (e.g. aunt/uncle/daughter etc)			
Additional Income: (e.g. aunt/uncle/daughter etc)			
Other Income: (e.g. business/rentals etc)		State type and amount:	
Total household income	R		

8.2 Assets (additional information may be requested)

	Parent 1	Parent 2
Property Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value of property/properties		
Property address(es)		
Business Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of business		

Estimated Market Value of Property: [Compulsory: Please tick the relevant box]

☐ R0 - R250 000
 ☐ R250 000 - R500 000
 ☐ R500 000 - R1000 000
 ☐ > R1000 000 (above)

8.3 Number of Family Members Dependant on Family Income and Living in the Home

(Start with Applicant's name - Do not include parents/guardians)

Name	Age	Relationship (sister/aunt etc.)	Employed (Yes/No)	Occupation	Income
1.					
2.					
3.					
4.					
5.					

8.4 Loans/Debt/Credit Commitments (including retail accounts)

Bank/Person/Institution	Year Taken	Duration	Value	Current Balance
TOTAL				

8.5 Other Scholarships (Scholarships, educational grants/subsidies held by applicant)

	Value
Name of scholarship:	R
Name of scholarship:	R

9. ACADEMIC RESULTS

Please ensure that a certified copy of the applicant's Grade 5 (4th term) report and Grade 6 (2nd term) report accompanies this Application Form. The reports must reflect the name and grade of the applicant as well as the name of the School. Failure to submit this documentation will result in the automatic disqualification of the applicant.

10. STATEMENT OF INTEGRITY

- Submission of this application form to the Allan Gray Orbis Foundation does not automatically guarantee that the applicant will be awarded the Allan Gray Scholarship.
- Parents/legal guardian(s) are encouraged to make application to other schools and scholarships for admission to Grade 8 in 2026 in order to avoid disappointment, should this application be unsuccessful.
- Due to the volume of applications received for the Scholarship, all applicants who do not qualify will be notified via SMS.
- It is therefore crucial that parents/legal guardian(s) provide us with a cellphone number AND a valid email address in order to facilitate this communication.
- **Faxed and/or emailed copies of the application form will NOT be accepted.**
- Please ensure that you submit the Application Form in advance, in order to meet the application deadline.
Application Forms posted after **16th September 2024** will not be considered
- Please retain a copy of your completed Application Form for your own records.
- In its final selection, as guided by its founding trust deed, the Foundation aims to reflect the demographics of South Africa.

I hereby warrant that all the information and documents supplied as part of the application are true, correct, complete and up to date. I authorise all persons or entities to provide any relevant information in their possession to the Allan Gray Orbis Foundation or its agent for use in considering me for admission or verifying my credentials for admission, and I expressly waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in my application will justify denial of admission, the cancellation of admission, or expulsion.

I hereby confirm that I have read and understood the Application Privacy Policy and consent document attached hereto as Annexure A and Consent to the processing of my Personal Information for the purpose set out in the Annexure.

This application is my own, honest statement to the Scholarship Selection Committee. **The decision whether or not to grant the Allan Gray Scholarship is entirely at the discretion of the Foundation. The Foundation is not obliged to give any reasons for deeming any applications unsuccessful.**

In order for your application to be considered, please ensure that this document is signed in full.

Applicant signature:	Date:
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Parent/Legal guardian signature:	Date:
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11. PLACEMENT SCHOOLS

Possibility of Boarding

This opportunity includes the possibility of boarding. It would therefore be beneficial for you to commence discussions with the applicant about going to a boarding school. Furthermore, every effort is made to place our Scholars at a Placement School within their home province. However, the number of spaces available in the Foundation is limited. The Foundation reserves the right to recommend a school for placement of Candidate.

Please discuss the possibility of boarding with the applicant.

12. PARTNERSHIPS

The Allan Gray Orbis Foundation (AGOF) proudly partners with like-minded, value-driven organisations. Together, these partners and AGOF offer a range of customised scholarships with additional selection criteria. By completing this application form, you will automatically form part of the internal selection pool from which suitable candidates will be identified. Should you qualify for one of these partnership scholarships, we will notify you.



ANNEXURE A: SCHOLARSHIP APPLICATION PRIVACY AND CONSENT

1. INTRODUCTION

In order to consider the scholarship application and where a scholarship is granted, to process the application, Allan Gray Orbis Foundation will need to receive, collect, use, disclose, record, organise, and store (collectively “**Process**”) certain personal and special personal information of the Applicant and his/her Parents/Guardians.

2. INFORMATION PROCESSED

The following personal and special personal information (collectively “Personal Information”) of the Applicant and the Parents/Guardians of the Applicant may be processed for the purposes set out in 3 -

- 2.1 race, gender, marital status, colour, age, language and birth; and culture;
- 2.2 information relating to educational, financial and employment history;
- 2.3 identity number, e-mail, physical and postal address, contact numbers, student number, welfare/grant/temporary residence number, immigration status and pension numbers or codes, medical aid number;
- 2.4 login and user names;
- 2.5 correspondence (physical or digital) sent by the Applicant and/or Parents/Guardians of the Applicant to Allan Gray Orbis Foundation or via Allan Gray Orbis Foundation or to a third party and included Allan Gray Orbis Foundation in the correspondence;
- 2.6 correspondence (physical or digital) about the Applicant and/or the Parents/Guardian of the Applicant received by the Allan Gray Orbis Foundation from a third party;
- 2.7 the views or opinions of another individual about the Applicant, such as performance appraisal details and reports;
- 2.8 information about a disability
- 2.9 photograph's and video recordings.

3. PURPOSE OF PROCESSING

- 3.1 To consider applications for scholarship
- 3.2 To process successful applications
- 3.3 To verify information and documentation submitted with the Application
- 3.4 For Applicant assessment
- 3.5 Research
- 3.6 To manage the Allan Gray Orbis Foundation's relationship with an Applicant once a scholarship has been awarded by, for example, tracking academic progress and inviting the Applicant to functions and activities organised by the Allan Gray Orbis Foundation.
- 3.7 Photographs and videos of the Applicant will be used for marketing purposes, including being included in internal and external publications and on the Allan Gray Orbis Foundation website.
- 3.8 Allan Gray Orbis Foundation may disclose Personal Information to law enforcement, other government officials, or other third parties as Allan Gray Orbis Foundation in its sole discretion, believes is necessary or appropriate in connection with an investigation of fraud, intellectual property infringements, or other activity that is illegal or may expose Allan Gray Orbis Foundation to legal liability.
- 3.9 Information relating to race, gender and nationality is required in order for Allan Gray Orbis Foundation to comply with South African laws relating to transformation.
- 3.10 Personal Information may be disclosed to third parties and third party service providers (including in offshore jurisdictions) for the purposes set out in 3.1 to 3.7.
- 3.11 Should an application be declined, Allan Gray Orbis Foundation may continue to use the Personal Information for research and statistical purposes and in its marketing material.

4. FOR HOW LONG WILL THE PERSONAL INFORMATION BE KEPT?

The Personal Information will only be retained for such period as is necessary for achieving any of the purposes set out in 3.

5. ACCESS TO PERSONAL INFORMATION

You may request a copy of the Personal Information that Allan Gray Orbis Foundation holds about you. If you would like a copy of such Personal Information, please contact scholarship@allangrayorbis.org

6. PRIVACY AND CONSENT

The Foundation forms part of a philanthropic group of entities collectively known as "the Allan & Gill Gray Philanthropy Group". The Applicant/Guardian acknowledges that the Foundation requires certain personal information of the Applicant/Guardian as defined in POPIA and any the relevant data protection legislation ("Personal Information"), to give effect to the rights and obligations of the Applicant/Guardian as contained herein.

The Applicant/Guardian hereby consents to the Foundation:

- Processing the personal information for the purposes contained in the agreement or any other related purpose.
- Collecting the personal information from the applicant/guardian directly or, where applicable, from any appointed agent, regulator, government department or third party that may hold such personal information.
- Transferring the personal information to any of the entities forming part of the Allan & Gill Gray Philanthropy Group for the purposes contained in this agreement or any other related purpose and for the purposes of storing and maintaining the personal information.
- Transferring the personal information to strategic third parties in furtherance of the purposes contained in this agreement or any other related purpose and allowing such strategic third parties to contact you, if necessary, in the execution of their mandate.
- Using the personal information to assess and improve the strategic objectives of the Foundation and the Allan & Gill Gray Philanthropy Group which includes for operational, internal and external assessment purposes, marketing, audit, legal and record-keeping purposes.
- Using personal information for research statistical, monitoring and evaluation purposes.
- Storing personal information on our data management system.
- Share your details with other scholarship providers, should you be unsuccessful for the Scholarship opportunity.
- Share the outcome of your application with your school, Department of Education District officials or universities and partner organisations.
- Share your personal information with any of the other entities forming part of Allan & Gill Gray Philanthropies for the purposes contained in this consent section and any other related purposes.

Allan Gray Orbis Foundation confirms that it has sufficient security measures in place to ensure the integrity and confidentiality of the Personal Information received and where transmitted to member entities of Allan & Gill Gray Philanthropies.

While you may, unless legislation requires the processing, object to the processing of your personal information by Allan Gray Orbis Foundation, such objection may impact the abilities of Allan Gray Orbis Foundation to process and assess your application. You may at any time access the personal information and may further request rectification of the personal information, should this be necessary.

By signing this document, the Applicant and Parent/Guardian consents to (a) the use of his/her Personal Information for the purposes set out herein (b) photographs being taken and video recordings made of the Applicant, and confirms that the Personal Information is supplied voluntarily, without undue influence from any party and not under any duress.

Applicant Signature

Parent/Legal Guardian signature

Date

Date

ANNEXURE B: CONSENT TO PERFORM A CREDIT CHECK

I, Name and Surname: _____

Identity number: _____

Hereby consent that, and authorise The Allan Gray Orbis Foundation and its representative(s) to:-

1. To contact, request and obtain credit information (for the avoidance of doubt this includes any and all information held on my profile by Experian South Africa (Pty) Ltd ("Experian") including payment profile information) from Experian (a registered credit bureau) to verify my identity, perform an assessment of my behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness or another related purposes in any format (including in pdf, xml or raw data string) available from Experian and to continuously access my information from Experian for as long as I may have a relationship with the Company,
2. make any reasonable enquiries to verify and research any details provided by me to the Company;
3. to access the information in any format, including online, batch and raw xml string and I consent that the enquiry should not be displayed on my credit profile if the enquiry was not performed for credit application purposes;
4. to submit my information, including payment profile and default information and any other relevant information, to Experian and to allow Experian to release the information for lawful purposes to third parties.

Signed at: _____ on the _____ day of _____ 20_____

Signed

The information provided in this document does not, and is not intended to, constitute legal advice; instead, this template clause should only be regarded as a guideline and be used for general informational purposes and we recommend that you seek a legal opinion on the matter from your legal advisors.

PARTICIPANT INDEMNITY FORM

PLEASE NOTE THAT:

This form is intended to:

- limit the risk or liability of ALLAN GRAY ORBIS FOUNDATION; and
- constitute an assumption of risk or liability on yourself as a participant.

This form will impose an obligation on yourself to indemnify ALLAN GRAY ORBIS FOUNDATION for any negligence and you are required to carefully peruse the contents thereof and consult a legal practitioner to fully understand the meaning thereof.

Full names _____ Identity/Passport No _____

Address _____

1. I hereby agree not to hold Allan Gray Orbis Foundation, its board members, officers, employees, members, sponsors, donors or agents liable for any injury, personal harm, death, financial loss or other loss, or damage to intellectual or material property that I may sustain while participating in the Scholarship Interviews and Exam hosted by Allan Gray Orbis Foundation, at any date or venue at which the event will take place, including traveling to and from the venue, whether sustained by conduct, misrepresentation, theft, fire, electricity failures, explosion, severe weather conditions (including hail, lightning, rain or wind) labour disputes, acts of war and acts of terrorism, whether the loss or damage is due to the negligence or not of Allan Gray Orbis Foundation, its board members, officers, employees, volunteers, sponsors, donors or agents.
2. I accept and assume all risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss as a result of my participation in the Scholarship Interviews and Exam.
3. I accept and assume all risks, dangers and hazards associated participating in any of the events, including severe or fatal injury to others or myself through risks associated with, amongst other, exposure to travel, weather elements and related activities.
4. I agree not to hold Allan Gray Orbis Foundation, its board members, officers, employees, volunteers, sponsors or agents liable for any injury, personal harm, death, financial loss or other loss, or damage to intellectual or material property sustained by third parties as a result of my conduct or omission whilst participating in the Scholarship Interviews and Exam.
5. I understand and agree to the use, reproduction and publication of photographs and video recordings taken by the Allan Gray Orbis Foundation of myself during my participation in the Scholarship Interviews and Exam for the benefit of Allan Gray Orbis Foundation.
6. I am fully aware of the potential risk of infection I understand that I am hereby indemnifying Allan Gray Orbis Foundation, its board members, officers, employees, members, sponsors, donors or agents against potential infection and transmission of COVID-19 or any other form of infection at the Scholarship Interviews and exam.

7. I am aware that I am liable for any medical or other expenses that may result from any injury or occurrence.
8. I hereby waive all legal rights that may exist and that I may otherwise have against Allan Gray Orbis Foundation, its board members, officers, employees, members, sponsors, donors or agents.
9. I understand that if at any time after the return from the event, Allan Gray Orbis Foundation learns that any participant, employee, director, agent, contractor or officer is infected with a potential infection (for example COVID-19, Cholera), the Allan Gray Orbis Foundation shall inform me of such fact but shall not be required to disclose the identity of such person to me.

I confirm that I understand the contents of the above.

Signed on _____ (date) **at** _____ (place)

Signature (Participant) _____ **Full names** _____

Signature (Parent/Guardian on behalf of Participant (if under 18 year old) _____

Full names _____ **Identity/Passport No** _____