

BURSARIES

Application Form

Please print and complete this form

| | For Office Use: |
|---------------|-----------------|
| Discipline: _ | |
| Category: _ | |
| Code: | |

PASSPORT PHOTO (Black and White)

CLOSING DATE: 15 May

APPLICATION FOR ANGLO PLATINUM BURSARY

Please complete the application form as thoroughly as possible in BLACK INK and send it to:

The Bursaries Department Anglo Platinum Development Centre P.O. Box 450, KROONDAL, 0350

If you have not received correspondence relating to this application from Anglo Platinum by 31 July of the year of application, you can assume that your application has been unsuccessful

NOTES AND INSTRUCTIONS (Read these notes carefully before you complete the application form)

- 1. Make sure that you read every section and that the information you provide is accurate.
- 2. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- 3. Bursaries will only be allocated for the year following the one in which the application was received.
- 4. Your application will not be considered if you do not furnish proof of your academic results and full details of your academic record. Results for the academic year should accompany this application and must not be submitted separately.
- 5. Do not send original documents. Attach required certified copies at the back of the application form.
- 6. A passport-size photograph of the applicant must be attached to the application form in the allocated space.
- 7. Original Application Forms must be submitted. Forms submitted via electronic media will not be accepted.
- 8. The minimum selection requirements are Grade 12 C (HG) and B (SG) for mathematics and science (science not required for Finance/Accountancy)

PART 1 – APPLICATION DETAILS

| 1 | |
|---|--|
| State the career yo | u wish to follow: |
| Name the degree or | diploma you intend to study: |
| Are you currently re | egistered at a University/Technikon for this course? |
| Study year for whic | h you will be registered next year (e.g. first, second) |
| Name of proposed | University/Technikon: |
| Have you applied fo | or a bursary with Anglo Platinum before? |
| If yes to the above | state which discipline and when: |
| Have you applied to | o other company/ies for a bursary? $oxed{Yes}$ $oxed{No}$ |
| State which compa | ny/ies: |
| | |
| | |
| | DART 2 DERCONAL |
| | PART 2 – PERSONAL |
| Surname: | PART 2 – PERSONAL First Names: |
| | |
| Gender: Male | First Names: |
| Gender: Male | First Names: I.D. Number: |
| Gender: Male | First Names: Be Female I.D. Number: |
| Gender: Male Date of birth: Nationality: RSA | First Names: I.D. Number: Other |
| Gender: Male Date of birth: Nationality: RSA | First Names: I.D. Number: Other If other, please specify: Do you have a permanent residence permit? |
| Gender: Male Date of birth: Nationality: RSA If so Mar Size of shoe/boot: _ | First Names: I.D. Number: Other |

| Name and complete add your current/last scho- tertiary institution | ol or | Your Home Ad | dress | Current postal ad (only applicable if it is from your school/home | different |
|---|--------------------|-----------------|------------|---|-----------|
| Postal Code: | Postal | Code: | | Postal Code: | |
| Tel. No.: | Tel. No | o.: | | Tel. No.: | |
| Dialing Code: | Dialing | Code: | | Dialing Code: | |
| Person that we can contac | t if we need to co | ontact you urge | ntly: | | |
| Name: | Tel. No | | Dialing C | Code: | |
| Tel. No. of parent or guard Contact address: Please indicate if either you | | | | | |
| | tionship | Department | Occupa | tion Ye | |
| (Moth | er/father) | eparament | Оссира | From | То |
| | | | | | |
| | | | | | |
| | | | | | |
| should you qualify for a prel ndicate with an "X" the ce re interviewed if required NB: Interviews will take | ntre which is clos | ne and July | | | ould |
| 35,5 . 5 | Jaibail | Jorian | | medelburg | |
| Mmabatho | Pietersburg | Pieteri | maritzburg | Port Elizabeth | |
| Potchefstroom | Pretoria | Rus | tenburg | Welkom | |

PART 3 – EDUCATION

Name of secondary schools you attended or are attending

| Name of School | Ye | ear | Grade completed | |
|----------------|------|-----|-----------------|--|
| Name of School | Form | То | Grade Completed | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please state your results for Grades 10, 11 and 12 (please specify percentage)

| Subjects | Grade 10 % | Grades | Class | Grade 11 % | Grades | Class | Grade 12 % | Grades | Class |
|-------------|---------------|--------|-------|---------------|--------|-------|---------------|--------|-------|
| Subjects | obtained | HG/SG | Ave. | % obtained | HG/SG | Ave. | obtained | HG/SG | Ave. |
| Mathematics | | | | | | | | | |
| Science | | | | | | | | | |
| English | | | | | | | | | |
| Others | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Kindly request your school to verify the above with | their official stamp School Stamp |
|---|-----------------------------------|
| Have you written your final Grade 12 exams? | es No |
| If yes, complete the following: Year of examina | ion: |

Enter final symbols, if applicable:

| Subject | HG/SG | Symbol | Subject | HG/SG | Symbol |
|-------------|-------|--------|-------------------|-------|--------|
| Mathematics | | | | | |
| Science | | | | | |
| English | | | | | |
| Others | | | | | |
| | | | Aggregate Symbol: | | |

TERTIARY EDUCATION

| A) | CURRENT Name of University/Techni | kon: | | | | | | | | |
|----|---|-----------|-----------|-----------|-----------------|------------|------------|--------------|-------------|-----|
| | Currently registered in | st | 2nd | 3rd | 4th | 5th | acader | nic year o | f study. | |
| | Student Number: | | | | | Year | commenc | ed: | | |
| | Number of practical semes | ters suc | cessful | ly comple | eted if at Tecl | nnikon: _ | | | | |
| | Degree / diploma course: _ | | | | | | | | | |
| B) | B) PREVIOUS Have you previously attended University / Technikon? Yes No | | | | | | | | | |
| | Name of University / Tech | nikon: _ | | | | Stude | ent Numb | er: | | |
| | Degree/diploma course: | | | | Ye | ar comm | enced: _ | | | |
| | Have you repeated any year | ar of stu | ıdy duri | ng your o | current or pre | vious ter | tiary stud | y Yes | No | |
| | If yes, state year, date and | reason | : | | | | | | | - |
| | Examination results: (Add RESULTS | Supplen | ileritary | Silectii | space is insu | rricicity | ND. AT | ACITINO | OI OIL | |
| | 1 st year of study (state subjects) | Year | | otained | | ear of stu | | Year | % obta | |
| | | Year | % ol | Dec | | | | Year | % obt | Dec |
| | | Year | | | | | | Year | | |
| | | Year | | | | | | Year | | |
| | | Year | | | | | | Year | | |
| | (state subjects) | | June | Dec | (stat | e subjec | ts) | | June | Dec |
| | (state subjects) 3 rd year of study | Year | June % ol | Dec | (stat | e subject | udy | Year | June % obta | Dec |
| | (state subjects) | | June | Dec | (stat | e subjec | udy | | June | Dec |
| | (state subjects) 3 rd year of study | | June % ol | Dec | (stat | e subject | udy | | June % obta | Dec |
| | (state subjects) 3 rd year of study | | June % ol | Dec | (stat | e subject | udy | | June % obta | Dec |
| | (state subjects) 3 rd year of study | | June % ol | Dec | (stat | e subject | udy | | June % obta | Dec |

PART 4 – EXTRAMURAL ACTIVITIES

Please supply details of the role you played in:

| School extra mura | als | | Community acti | ivities | | | |
|---|--|--------|----------------|---------|--|--|--|
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| Please state your interests and hobbie | 25: | | | | | | |
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| | | | | | | | |
| | PART 5 – 0 | CAREER | | | | | |
| Do you have currently have a scholarsh | ip, bursary or loan? | Yes No | | | | | |
| f yes, what is the name of the award: | | | • | | | | |
| Who has it been awarded by? | | | | | | | |
| What is the value of the award? | | | | | | | |
| s there a service obligation attached to | | | es No | | | | |
| Have you been employed since leaving | | | Part time | | | | |
| f yes, give details and attach a record o | yes, give details and attach a record of service or testimonial. | | | | | | |
| Details of current and/or previous emplo | oyment: | | | | | | |
| Employer | Occupa | ntion | | Year | | | |
| | | | From | То | | | |

| Employer | Occupation | Year | |
|----------|------------|------|----|
| | | From | То |
| | | | |
| | | | |
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| Ha | ve you ever visited a mine? If so, give us details of where, when and what your impressions where: |
|-----|---|
| | |
| Wı | ite a brief statement setting out clearly why you have chosen this career: |
| | |
| DE | CLARATION |
| | ereby give full consent to undergo any medical tests/examination required by ANGLO PLATINUM. I confirm that the information contained in this application is, to the best of my knowledge, correct and truthful and I understand that if it is not, I may be eliminated from consideration in the selection process. If, after being admitted to the training scheme, any falsehoods or omissions are discovered in my application, I understand that my Training Agreement may be terminated. |
| 2. | I understand that all statements in my application may be investigated and I authorize the organization to contact the following persons who might be able to speak about my abilities and suitability for the bursary for which I have applied: |
| 3. | I understand that an investigation of me might include reference checks from my school / university / technikon / previous employer/s. I authorize any school/university and/or technikon/employer, to provide ANGLO PLATINUM with relevant information and opinions that may be useful in making a decision, and release such persons and organizations from legal liability in making such statements. (Please specify persons/institutions you would like us to contact.) |
| 4. | I hereby indemnify ANGLO PLATINUM Development Centre or any ANGLO Group Company, their Training Managers and Training Officials against any claim for illness or accidental injury sustained by me during a visit to their operations, should I be invited to attend such a visit. |
| Sig | gnature of Applicant: Date: |

FOR OFFICE USE ONLY

RECEIPT / INITIAL SCREENING

| Official's Name: | Official's Signature: | Date: | Decision: | |
|-----------------------|-----------------------|-------|-----------|--|
| Comments: | | | | |
| FINAL SCREENING | | | | |
| Official's Name: | Official's Signature: | Date: | Decision: | |
| Comments: | | | | |
| PRELIMINARY INTERVIEW | | | | |
| Official's Name: | Official's Signature: | Date: | Decision: | |
| Comments: | | | | |
| FINAL INTERVIEW | | | | |
| Official's Name: | Official's Signature: | Date: | Decision: | |
| Comments: | | | | |
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