



# ANGLOGOLD ASHANTI

## SOUTH AFRICA REGION HUMAN RESOURCES DEPARTMENT

AngloGold Ashanti Limited \ Reg. No.1944/017354/06

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## BURSARY APPLICATION

### Instructions:

1. PLEASE ENSURE THAT YOU COMPLY WITH THE MINIMUM CRITERIA FOR ADMISSION TO THE UNIVERSITY OR UNIVERSITY OF TECHNOLOGY, BEFORE YOU COMPLETE THE APPLICATION FORM.
2. APPLICATIONS TO TERTIARY INSTITUTES ARE YOUR OWN RESPONSIBILITY AND WILL NOT BE DONE BY ANGLOGOLD ASHANTI.
3. PREFERENCE WILL BE GIVEN TO APPLICATIONS FROM SOUTH AFRICAN CITIZENS OR PERMANENT RESIDENTS.
4. IF YOU ARE CURRENTLY EMPLOYED BY ANGLOGOLD ASHANTI YOU ARE RESPONSIBLE FOR OBTAINING THE REQUIRED SIGNATURES IN RESPECT OF SECTION D TO SUPPORT YOUR APPLICATION.
5. CERTIFIED COPIES OF THE RELEVANT DOCUMENTATION THAT SUPPORTS YOUR APPLICATION (IDENTITY DOCUMENT, ACADEMIC RECORD, MATRIC CERTIFICATE) MUST BE INCLUDED. APPLICATIONS WITHOUT THESE DOCUMENTS WILL NOT BE CONSIDERED.
6. APPLICATIONS MAY BE SUBMITTED VIA POST TO  
  
THE BURSARY DEPARTMENT  
ANGLOGOLD ASHANTI  
P O BOX 62117  
MARSHALLTOWN  
2107
7. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
8. SUCCESSFUL APPLICANTS WILL BE REQUIRED TO BE DECLARED MEDICALLY FIT BY AN ANGLOGOLD ASHANTI MEDICAL EXAMINER.
9. APPLICANTS MAY BE REQUIRED TO UNDERGO A SECURITY SCREENING PROCESS.

**SURNAME** : \_\_\_\_\_

**FULL NAMES** : \_\_\_\_\_

### INDICATE YOUR CURRENT STATUS (PLEASE TICK)

**PRESENTLY IN GRADE 12**

**MATRICULATED BUT NOT YET AT A TERTIARY INSTITUTION**

**CURRENTLY AT A TERTIARY INSTITUTE:**

**UNIVERSITY**

**UNIVERSITY OF TECHNOLOGY**

**PREFERRED COURSE OF STUDY (PLEASE TICK)**

- |   |   |
|---|---|
| <input type="checkbox"/> MINING ENGINEERING           | <input type="checkbox"/> INSTRUMENTATION AND PROCESS CONTROL                  |
| <input type="checkbox"/> MECHANICAL ENGINEERING       | <input type="checkbox"/> ELECTRICAL ENGINEERING (HEAVY CURRENT)               |
| <input type="checkbox"/> METALLURGY (EXTRACTIVE ONLY) | <input type="checkbox"/> CHEMICAL ENGINEERING (WITH MINERALS PROCESSING ONLY) |
| <input type="checkbox"/> MINE SURVEY                  | <input type="checkbox"/> GEOLOGY  |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ |   |

**PREFERRED TERTIARY INSTITUTE (PLEASE INDICATE)** \_\_\_\_\_

**A. PERSONAL**

1. Permanent residential address:

\_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Home Tel no: \_\_\_\_\_ Dialing code: \_\_\_\_\_

Cellphone no: \_\_\_\_\_

2. Postal address in full: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

3. Date of birth: \_\_\_\_\_

Identity number: \_\_\_\_\_

4. SA Citizen ( ) or Permanent Resident ( )

5. Name of parent or guardian (If under the age of 18): \_\_\_\_\_

Tel no: \_\_\_\_\_ Place of work: \_\_\_\_\_

6. Person whom we can telephone to contact you urgently: \_\_\_\_\_

Tel no: \_\_\_\_\_ Dialing code: \_\_\_\_\_

7. Do you currently have a scholarship, bursary or loan? \_\_\_\_\_

10. If yes, by whom has it been awarded? \_\_\_\_\_

8. Is there a service obligation attached to this scholarship, bursary or loan?

\_\_\_\_\_



## C. EMPLOYMENT HISTORY (IF CURRENTLY OR PREVIOUSLY EMPLOYED)

CURRENT POSITION			
Employment Date		Organisation	Occupation
From	To		

PREVIOUS POSITIONS (In date order beginning with the most recent)				
Name of organisation	Date		Occupation	Reason for leaving
	From	To		

## D. RECOMMENDED BY:

SECTION D IS ONLY APPLICABLE TO EMPLOYEES CURRENTLY EMPLOYED BY ANGLOGOLD ASHANTI, AND APPLICATIONS NEED TO BE ACKNOWLEDGED BY ALL RELEVANT MANAGERS, AS INDICATED BELOW.

1. Company Number: \_\_\_\_\_
2. Industry Number: \_\_\_\_\_

	Name	Signature	Date	Telephone Number
Immediate Supervisor				
Head of Department				
Head of Discipline				
Human Resources Manager				
General Manager				

## E. DECLARATION

I declare that:

- the contents of this application and all attached documentation (e.g. Curriculum Vitae) are correct;
- I authorise the verification of the above information and any other necessary enquiries, including security checks, that may be needed to determine my suitability; and
- I understand that any misrepresentation and/or omission of fact in this application may disqualify me from being considered for a bursary.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## F. FOR OFFICE USE ONLY

Comments: \_\_\_\_\_

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