APPLICATION FORM FOR BURSARY

Please print and complete this form:

Please complete the application form thoroughly using BLACK INK and in BLOCK LETTERS.

Send it to: Impala Platinum, Bursary Department, PO Box 5683, Rustenburg, 0300
or visit our website www.implats.co.za

INSTRUCTIONS:

• Please read these notes carefully before completing the application form.
• Make sure that you read every section and that the information you provide is accurate.
• Mark your choice with a cross in the appropriate block where applicable.
• We welcome applications from persons with disabilities. However, selection will be subject to the physical demands of an occupation related to a degree.

PLEASE NOTE:

1. Incomplete application forms can not be accepted.

2. Applications close on 31 March

3. If Impala has not responded within 30 days after the closing date, consider your application as unsuccessful. Correspondence will be limited to shortlisted applicants only.

Should you qualify for a preliminary interview, it will take place at our Rustenburg operations situated in the North West Province.

4. Please supply ALL information requested or give good reasons why you cannot provide it. Your applications will not be considered if you do not have university exemption, with minimum requirements, that is:
   - Maths: Rating Code 5 or 60%
   - Science: Rating Code 5 or 60%
   - English: Rating Code 5 or 60%

5. The following should accompany this application form:
   – certified proof of your results
   – full details of your academic transcript
   – certificate of conduct from university (if already studying)
   – a certified copy of your personal identity document
   – your curriculum vitae/resume

6. NB: Any changes of address or contact details must be forwarded in writing.
In which discipline would you like to study?

- Chemical Engineering
- Electrical Engineering (Heavy Current only)
- Geology (Mining/Exploration)
- Mining Engineering
- BSC Chemistry
- Accounting B.Com
- Extractive Metallurgy
- Human Resources B.Com
- Mechanical Engineering
- Survey (Mining)

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**BIOGRAPHICAL PARTICULARS**

Title: [ ] Mr [ ] Miss

Gender: [ ] M [ ] F

Date of Birth: [ ] dd / [ ] mm / [ ] yyyy

Surname: ____________________________  First Names: ____________________________

Nickname: ____________________________  ID Number: ____________________________

Home Language: ____________________________  Nationality: [ ] RSA [ ] Other

Do you have a disability: [ ] Yes [ ] No

If other please specify: ____________________________

Size of shoe/boot: ____________________________  Overall Size: ____________________________

(This information is needed should you be invited for a site visit at one of our operations)

Postal Address: ____________________________  Code: __________

Physical Address: ____________________________  Code: __________

Contact Tel: (____) ____________________________  2nd Contact Tel: (____) ____________________________

Cell phone: (____) ____________________________  Province: ____________________________

ALTERNATIVE CONTACT SHOULD APPLICANT BE UNAVAILABLE

Relationship: ____________________________

Surname: ____________________________  Initials: ____________________________

Postal Address: ____________________________  Code: __________

Contact Tel: (____) ____________________________  Cell phone: (____) ____________________________

PARENT/GUARDIAN

Relationship: ____________________________

Surname: ____________________________  Initials: ____________________________

Postal Address: ____________________________  Code: __________

Is your parent/guardian employed by Impala? [ ] Yes [ ] No

If yes, where? ____________________________  Industry No: ____________________________

If no, by whom? ____________________________  Work Tel No: (____) ____________________________
3 | EDUCATIONAL DETAILS

Are you still attending school?  Yes  No  Grade: ________________________________
Name of School: ________________________________________________________________
Postal Address: __________________________________________________________________ Code: __________
Contact Tel: (____) _____________________________ Fax Number: (____) __________________
Year of Matriculation: ___________________________________________________________

Please attach a certified copy of most recent results/matric certificate

4 | UNIVERSITY STUDENTS

Year of Study (current): ______________________________ Support Programme: 1st 2nd 3rd 4th
Name of University: ______________________________ Course (eg Bsc Mech Eng II): __________________________
Student Number: __________________________________

Please attach a certified updated academic record from the institution

Do you have a bursary at present?  Yes  No  If yes, from whom? ______________________________
What is the value of the bursary? ______________________________
Are there any work or financial obligations attached to this bursary?  Yes  No
If yes, give details: ______________________________________________________________
Authorised signature of applicant: ____________________________ Date: dd / mm / yyyy

5 | CAREER

Do you currently have a scholarship, bursary or loan?  Yes  No
If yes, what is the name of the award: ______________________________________________________
Who has it been awarded by? __________________________________________________________
What is the value of the award? _________________________________________________________
Is there a service obligation attached to this scholarship, bursary or loan?  Yes  No
Have you been employed since leaving school?  Yes  No  Full Time  Part Time
If yes, give details and attach a record of service or testimonial.

Details of current and/or previous employment:

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Please attach a certified copy of most recent results/matric certificate
I hereby give consent to undergo any medical tests/examination required by IMPLATS.

1. 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 fit, 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 Bursary 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 person 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 / technikon / employer to provide IMPLATS 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 have contact).

4. I hereby indemnify IMPLATS or any IMPALA 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.

Signature of Applicant: ____________________________ Date: ____________________________