

Sponsor Signature Form – 2016/17

Customer Reference Number
<input type="text"/>
Forename(s)
<input type="text"/>
Surname
<input type="text"/>



The student's application for financial support may be delayed unless you sign and date this declaration.

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at:

www.studentfinancewales.co.uk/dataprotection

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not I understand the student(s) I am supporting may have their financial support withdrawn and I could be prosecuted.
- I agree to provide any further information in relation to the applicant's application for financial support as may reasonably be required, and I agree to provide immediate notice of, and details in relation to, any change in my circumstances that might in any way affect this application for financial support.

Your full name (in BLOCK CAPITALS)	<input type="text"/>
Your signature	<input type="text"/>
Date	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

