

Sponsor Signature Form – 2020/21

| |
|---------------------------|
| 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.

To find out how we'll use the information you provide go to www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before signing this form.

- 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 If it is not I understand the student(s) I am supporting may have their financial support withdrawn and I could be prosecuted.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"/> |

